

Fill in this information to identify your case:

United States Bankruptcy Court for the:

District of Nevada

Case number (If known): _____

Chapter you are filing under:

- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself**About Debtor 1:****1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

ROBERT

First name

O

Middle name

EJERCITO

Last name

Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

JEANY

First name

G

Middle name

EJERCITO

Last name

Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

JEANY GONZALES

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 3 8 2 8

OR

9 xx - xx - _____

xxx - xx - 5 0 7 8

OR

9 xx - xx - _____

| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|---|---|--|
| <p>4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years</p> <p>Include trade names and <i>doing business as</i> names</p> | <p><input checked="" type="checkbox"/> I have not used any business names or EINs.</p> <p>Business name _____</p> <p>Business name _____</p> <p>EIN _____</p> <p>EIN _____</p> | <p><input checked="" type="checkbox"/> I have not used any business names or EINs.</p> <p>Business name _____</p> <p>Business name _____</p> <p>EIN _____</p> <p>EIN _____</p> |
| <p>5. Where you live</p> | <p>2900 SUNRIDGE HEIGHTS PARKWAY</p> <p>Number Street</p> <p>UNIT 1518</p> <p>Henderson NV 89052</p> <p>City State ZIP Code</p> <p>Clark County</p> <p>County</p> <p>If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.</p> <p>Number Street</p> <p>P.O. Box</p> <p>City State ZIP Code</p> | <p>If Debtor 2 lives at a different address:</p> <p>Number Street</p> <p>City State ZIP Code</p> <p>County</p> <p>If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.</p> <p>Number Street</p> <p>P.O. Box</p> <p>City State ZIP Code</p> |
| <p>6. Why you are choosing this district to file for bankruptcy</p> | <p><i>Check one:</i></p> <p><input checked="" type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.</p> <p><input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.)</p> | <p><i>Check one:</i></p> <p><input checked="" type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.</p> <p><input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.)</p> |

Part 2: Tell the Court About Your Bankruptcy Case**7. The chapter of the Bankruptcy Code you are choosing to file under**

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- ☒ Chapter 7
- ☐ Chapter 11
- ☐ Chapter 12
- ☐ Chapter 13

8. How you will pay the fee

- ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

☒ No

☐ Yes.

District _____ When _____ Case number _____

District _____ When _____ Case number _____

District _____ When _____ Case number _____

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

☒ No

☐ Yes.

Debtor _____ Relationship to you _____

District _____ When _____ Case number, if known _____

Debtor _____ Relationship to you _____

District _____ When _____ Case number, if known _____

11. Do you rent your residence?

☒ No. Go to line 12.

☐ Yes. Has your landlord obtained an eviction judgment against you?

☐ No. Go to line 12.

☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?**

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

☐ No. Go to Part 4.

☒ Yes. Name and location of business

JEA ENTERPRISE dba JEANY'S PLACE

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))

☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))

☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))

☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))

☒ None of the above
13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

☒ No. I am not filing under Chapter 11.

☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

☒ No

☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- ☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Part 6: Answer These Questions for Reporting Purposes**16. What kind of debts do you have?**

16a. Are your debts primarily consumer debts? *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☐ No. Go to line 16b.
☒ Yes. Go to line 17.

16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.
☐ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7?

☐ No. I am not filing under Chapter 7. Go to line 18.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

- ☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
- ☒ No
☐ Yes

18. How many creditors do you estimate that you owe?

- ☐ 1-49
☐ 50-99
☒ 100-199
☐ 200-999

- ☐ 1,000-5,000
☐ 5,001-10,000
☐ 10,001-25,000

- ☐ 25,001-50,000
☐ 50,001-100,000
☐ More than 100,000

19. How much do you estimate your assets to be worth?

- ☒ \$0-\$50,000
☐ \$50,001-\$100,000
☐ \$100,001-\$500,000
☐ \$500,001-\$1 million

- ☐ \$1,000,001-\$10 million
☐ \$10,000,001-\$50 million
☐ \$50,000,001-\$100 million
☐ \$100,000,001-\$500 million

- ☐ \$500,000,001-\$1 billion
☐ \$1,000,000,001-\$10 billion
☐ \$10,000,000,001-\$50 billion
☐ More than \$50 billion

20. How much do you estimate your liabilities to be?

- ☐ \$0-\$50,000
☐ \$50,001-\$100,000
☒ \$100,001-\$500,000
☐ \$500,001-\$1 million

- ☐ \$1,000,001-\$10 million
☐ \$10,000,001-\$50 million
☐ \$50,000,001-\$100 million
☐ \$100,000,001-\$500 million

- ☐ \$500,000,001-\$1 billion
☐ \$1,000,000,001-\$10 billion
☐ \$10,000,000,001-\$50 billion
☐ More than \$50 billion

Part 7: Sign Below**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ ROBERT O EJERCITO

Signature of Debtor 1

Executed on 02/07/2020

MM / DD / YYYY

X /s/ JEANY G EJERCITO

Signature of Debtor 2

Executed on 02/07/2020

MM / DD / YYYY

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X /s/ MARK PATTERSON

Date 02/07/2020

Signature of Attorney for Debtor

MM / DD / YYYY

MARK PATTERSON

Printed name

PATTERSON & ASSOCIATES, LTD

Firm name

8275 S. EASTERN AVE.

Number Street

Suite 200

Las Vegas

NV

89123

City

State

ZIP Code

Contact phone (702)239-6424

Email address mpatterson@pattersonassociateslaw.c

4022

NV

Bar number

State

Fill in this information to identify your case:

Debtor 1 ROBERT O EJERCITO
First Name Middle Name Last Name

Debtor 2 JEANY G EJERCITO
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of Nevada

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106Sum**Summary of Your Assets and Liabilities and Certain Statistical Information** 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets**Your assets**

Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)
- 1a. Copy line 55, Total real estate, from *Schedule A/B* \$ 0.00
- 1b. Copy line 62, Total personal property, from *Schedule A/B* \$ 20,319.00
- 1c. Copy line 63, Total of all property on *Schedule A/B* \$ 20,319.00

Part 2: Summarize Your Liabilities**Your liabilities**

Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)
- 2a. Copy the total you listed in Column A, *Amount of claim*, at the bottom of the last page of Part 1 of *Schedule D* \$ 18,202.00
3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)
- 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F* \$ 11,000.00
- 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F* + \$ 133,867.22
- Your total liabilities** \$ 163,069.22

Part 3: Summarize Your Income and Expenses

4. *Schedule I: Your Income* (Official Form 106I)
- Copy your combined monthly income from line 12 of *Schedule I* \$ 3,230.00
5. *Schedule J: Your Expenses* (Official Form 106J)
- Copy your monthly expenses from line 22c of *Schedule J* \$ 3,830.00

ROBERT O EJERCITO

Debtor 1

First Name

Middle Name

Last Name

Case number (if known)

Part 4: Answer These Questions for Administrative and Statistical Records**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 1,820.00

9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*.**Total claim****From Part 4 on *Schedule E/F*, copy the following:**

| | |
|--|--------------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ 11,000.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + \$ 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ 11,000.00 |

Fill in this information to identify your case and this filing.

Debtor 1 ROBERT O EJERCITO
First Name Middle Name Last Name

Debtor 2 JEANY G EJERCITO
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of Nevada

Case number _____

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☒ No. Go to Part 2.
☐ Yes. Where is the property?

1.1. _____
 Street address, if available, or other description

 City State ZIP Code

 County

What is the property? Check all that apply.

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*:

Current value of the entire property? **Current value of the portion you own?**
 \$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property

If you own or have more than one, list here:

1.2. _____
 Street address, if available, or other description

 City State ZIP Code

 County

What is the property? Check all that apply.

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**
 \$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

1. _____

Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ _____

\$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ **Check if this is community property**
(see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. _____ →

\$ 0.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. **Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

- ☐ No
☒ Yes

3.1. Make: NISSANModel: ALTIMAYear: 2016Approximate mileage: 42000

Other information:

Condition: Fair

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ 11,500.00

\$ 11,500.00

If you own or have more than one, describe here:

3.2. Make: _____

Model: _____

Year: _____

Approximate mileage: _____

Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ _____

\$ _____

____. Make: _____

Model: _____

Year: _____

Approximate mileage: _____

Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ _____ \$ _____

____. Make: _____

Model: _____

Year: _____

Approximate mileage: _____

Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ _____ \$ _____

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☒ No

☐ Yes

4.1. Make: _____

Model: _____

Year: _____

Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ _____ \$ _____

If you own or have more than one, list here:

4.2. Make: _____

Model: _____

Year: _____

Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ _____ \$ _____

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here



\$ 11,500.00

Part 3: Describe Your Personal and Household Items**Do you own or have any legal or equitable interest in any of the following items?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

6. Household goods and furnishings*Examples:* Major appliances, furniture, linens, china, kitchenware☐ No☒ Yes. Describe.....

HOUSEHOLD GOODS AND APPLIANCES

\$ 2,500.00

7. Electronics*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games☐ No☒ Yes. Describe.....

CELL PHONES, COMPUTER AND PRINTER (USED)

\$ 350.00

8. Collectibles of value*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles☒ No☐ Yes. Describe.....

\$ 0.00

9. Equipment for sports and hobbies*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments☒ No☐ Yes. Describe.....

\$ 0.00

10. Firearms*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment☒ No☐ Yes. Describe.....

\$ 0.00

11. Clothes*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories☐ No☒ Yes. Describe.....

CLOTHES AND SHOES

\$ 500.00

12. Jewelry*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver☒ No☐ Yes. Describe.....

\$ 0.00

13. Non-farm animals*Examples:* Dogs, cats, birds, horses☒ No☐ Yes. Describe.....

\$ 0.00

14. Any other personal and household items you did not already list, including any health aids you did not list☒ No☐ Yes. Give specific information.....

\$ 0.00

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here →

\$ 3,350.00

Part 4: Describe Your Financial Assets**Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

16. Cash*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition☒ No☐ Yes Cash: \$**17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.☐ No☒ Yes Institution name:

17.1. Checking account: BANK OF AMERICA (CLOSED) \$ 0.00

17.2. Checking account: AMERICA FIRST CREDIT UNION \$ 1,000.00

17.3. Savings account: \$

17.4. Savings account: \$

17.5. Certificates of deposit: \$

17.6. Other financial account: \$

17.7. Other financial account: \$

17.8. Other financial account: \$

17.9. Other financial account: \$

18. Bonds, mutual funds, or publicly traded stocks*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts☒ No☐ Yes

Institution or issuer name:

\$

\$

\$

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture☒ No☐ Yes. Give specific information about them.

Name of entity:

% of ownership:

\$

\$

\$

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No☐ Yes. Give specific
information about
them.

Issuer name:

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No☐ Yes. List each
account separately. Institution name:
Type of account:

401(k) or similar plan: _____ \$ _____
 Pension plan: _____ \$ _____
 IRA: _____ \$ _____
 Retirement account: _____ \$ _____
 Keogh: _____ \$ _____
 Additional account: _____ \$ _____
 Additional account: _____ \$ _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No☐ Yes..... Institution name or individual:

Electric: _____ \$ _____
 Gas: _____ \$ _____
 Heating oil: _____ \$ _____
 Rental unit: _____ \$ _____
 Prepaid rent: _____ \$ _____
 Telephone: _____ \$ _____
 Water: _____ \$ _____
 Rented furniture: _____ \$ _____
 Other: _____ \$ _____

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes..... Issuer name and description:

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

_____ \$ _____

_____ \$ _____

_____ \$ _____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit☒ No☐ Yes. Give specific information about them. ...

\$ 0.00

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific information about them. ...

\$ 0.00

27. Licenses, franchises, and other general intangibles*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☒ No☐ Yes. Give specific information about them. ...

\$ 0.00

Money or property owed to you?**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

28. Tax refunds owed to you☐ No☒ Yes. Give specific information about them, including whether you already filed the returns and the tax years.

2018 TAX REFUND, 2019 TAX REFUND

Federal: \$ 4,469.00

State: \$ 0.00

Local: \$ 0.00

29. Family support*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement☒ No☐ Yes. Give specific information.

Alimony: \$ 0.00

Maintenance: \$ 0.00

Support: \$ 0.00

Divorce settlement: \$ 0.00

Property settlement: \$ 0.00

30. Other amounts someone owes you*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else☒ No☐ Yes. Give specific information.

\$ 0.00

31. Interests in insurance policies*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance☒ No☐ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

\$ _____

\$ _____

\$ _____

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information.

\$ 0.00

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment*Examples:* Accidents, employment disputes, insurance claims, or rights to sue☒ No☐ Yes. Describe each claim.

\$ 0.00

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims☒ No☐ Yes. Describe each claim.

\$ 0.00

35. Any financial assets you did not already list☒ No☐ Yes. Give specific information.

\$ 0.00

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here →

\$ 5,469.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**37. Do you own or have any legal or equitable interest in any business-related property?**☒ No. Go to Part 6.☐ Yes. Go to line 38.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned☐ No☐ Yes. Describe.....

\$ _____

39. Office equipment, furnishings, and supplies*Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices☐ No☐ Yes. Describe.....

\$ _____

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade☐ No☐ Yes. Describe

\$

41. Inventory☐ No☐ Yes. Describe

\$

42. Interests in partnerships or joint ventures☐ No☐ Yes. Describe

Name of entity:

% of ownership:

%

\$

%

\$

%

\$

43. Customer lists, mailing lists, or other compilations☐ No☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?☐ No☐ Yes. Describe

\$

44. Any business-related property you did not already list☐ No☐ Yes. Give specific information

\$

\$

\$

\$

\$

\$

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here

\$ 0.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**☒ No. Go to Part 7.☐ Yes. Go to line 47.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

47. Farm animals*Examples: Livestock, poultry, farm-raised fish*☐ No☐ Yes

\$

48. Crops—either growing or harvested

☐ No☐ Yes. Give specific information.

\$ _____

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

☐ No☐ Yes

\$ _____

50. Farm and fishing supplies, chemicals, and feed

☐ No☐ Yes

\$ _____

51. Any farm- and commercial fishing-related property you did not already list

☐ No☐ Yes. Give specific information.

\$ _____

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here



\$ 0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership☒ No☐ Yes. Give specific information.

54. Add the dollar value of all of your entries from Part 7. Write that number here



\$ 0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2



\$ 0.00

56. Part 2: Total vehicles, line 5

\$ 11,500.00

57. Part 3: Total personal and household items, line 15

\$ 3,350.00

58. Part 4: Total financial assets, line 36

\$ 5,469.00

59. Part 5: Total business-related property, line 45

\$ 0.00

60. Part 6: Total farm- and fishing-related property, line 52

\$ 0.00

61. Part 7: Total other property not listed, line 54

+ \$ 0.00

62. Total personal property. Add lines 56 through 61.

\$ 20,319.00

Copy personal property total →

+ \$ 20,319.00

63. Total of all property on Schedule A/B. Add line 55 + line 62.

\$ 20,319.00

Fill in this information to identify your case:

| | | | |
|--|-------------------|-------------|-----------|
| Debtor 1 | ROBERT O EJERCITO | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | JEANY G EJERCITO | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: District of Nevada | | | |
| Case number (if known) | | | |

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt**1. Which set of exemptions are you claiming?** Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption | Specific laws that allow exemption |
|---|--|--|--------------------------------------|
| 2016 NISSAN ALTIMA Brief description: Line from Schedule A/B: 3.1 | \$ 11,500.00 | <input checked="" type="checkbox"/> \$ 11,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Nev. Rev. Stat. Ann. § 21.090 (1)(f) |
| Household goods - HOUSEHOLD GOODS AND APPLIANCES Brief description: Line from Schedule A/B: 6 | \$ 2,500.00 | <input checked="" type="checkbox"/> \$ 2,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Nev. Rev. Stat. Ann. § 21.090 (1)(b) |
| Electronics - CELL PHONES, COMPUTER AND PRINTER (USED) Brief description: Line from Schedule A/B: 7 | \$ 350.00 | <input checked="" type="checkbox"/> \$ 350.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | Nev. Rev. Stat. Ann. § 21.090 (1)(b) |

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
☐ No
☐ Yes

Debtor **ROBERT O EJERCITO** Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption | Specific laws that allow exemption |
|---|--|--|--------------------------------------|
| Clothing - CLOTHES AND SHOES | | | Nev. Rev. Stat. Ann. § 21.090 (1)(b) |
| Brief description: _____ | \$ <u>500.00</u> | <input checked="" type="checkbox"/> \$ <u>500.00</u> | |
| Line from Schedule A/B: <u>11</u> | | <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| AMERICA FIRST CREDIT UNION (Checking) | | | |
| Brief description: _____ | \$ <u>1,000.00</u> | <input checked="" type="checkbox"/> \$ <u>250.00</u> | Nev. Rev. Stat. Ann. § 21.090 (1)(z) |
| Line from Schedule A/B: <u>17.2</u> | | <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| AMERICA FIRST CREDIT UNION (Checking) | | | |
| Brief description: _____ | \$ <u>1,000.00</u> | <input checked="" type="checkbox"/> \$ <u>750.00</u> | Nev. Rev. Stat. Ann. § 21.090 (1)(g) |
| Line from Schedule A/B: <u>17.2</u> | | <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| 2018 TAX REFUND (owed to debtor) | | | |
| Brief description: _____ | \$ <u>4,469.00</u> | <input checked="" type="checkbox"/> \$ <u>4,469.00</u> | Nev. Rev. Stat. Ann. § 21.090 (1)(z) |
| Line from Schedule A/B: <u>28</u> | | <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| 2019 TAX REFUND (owed to debtor) | | | |
| Brief description: _____ | \$ <u>Unknown</u> | <input checked="" type="checkbox"/> \$ <u>1,000.00</u> | Nev. Rev. Stat. Ann. § 21.090 (1)(z) |
| Line from Schedule A/B: <u>28</u> | | <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Brief description: _____ | \$ _____ | <input type="checkbox"/> \$ _____ | |
| Line from Schedule A/B: _____ | | <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Brief description: _____ | \$ _____ | <input type="checkbox"/> \$ _____ | |
| Line from Schedule A/B: _____ | | <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Brief description: _____ | \$ _____ | <input type="checkbox"/> \$ _____ | |
| Line from Schedule A/B: _____ | | <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Brief description: _____ | \$ _____ | <input type="checkbox"/> \$ _____ | |
| Line from Schedule A/B: _____ | | <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Brief description: _____ | \$ _____ | <input type="checkbox"/> \$ _____ | |
| Line from Schedule A/B: _____ | | <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |
| Brief description: _____ | \$ _____ | <input type="checkbox"/> \$ _____ | |
| Line from Schedule A/B: _____ | | <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | |

Fill in this information to identify your case:

| | | | |
|--|-------------------|-------------|-----------|
| Debtor 1 | ROBERT O EJERCITO | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | JEANY G EJERCITO | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: District of Nevada | | | |
| Case number (If known) | | | |

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

Column C
Unsecured portion
If any

2.1 FLAGSHIP CREDIT ACCEPTANCE

Describe the property that secures the claim:

\$ 18,202.00

\$ 11,500.00

\$ 6,702.00

Creditor's Name

P.O. BOX 3807

Number Street

Coppell

TX

75019

City State ZIP Code

Who owes the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred

2016 NISSAN ALTIMA - \$11,500.00

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
- ☐ Judgment lien from a lawsuit
- ☐ Other (including a right to offset)

Last 4 digits of account number 630631XXXX

2.2

Describe the property that secures the claim:

\$ \$ \$

Creditor's Name

Number Street

City State ZIP Code

Who owes the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
- ☐ Judgment lien from a lawsuit
- ☐ Other (including a right to offset)

Last 4 digits of account number

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ 18,202.00

Debtor 1

ROBERT O EJERCITO

First Name

Middle Name

Last Name

Case number (if known)

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

☐

Name

Street

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number

☐

Name

Street

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number

☐

Name

Street

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number

☐

Name

Street

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number

☐

Name

Street

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number

☐

Name

Street

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number

Fill in this information to identify your case:

| | | | |
|--|-------------------|-------------|-----------|
| Debtor 1 | ROBERT O EJERCITO | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | JEANY G EJERCITO | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: District of Nevada | | | |
| Case number (If known) | | | |

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| | Total claim | Priority amount | Nonpriority amount |
|--|--------------|-----------------|--------------------|
| 2.1 Internal Revenue Service | \$ 11,000.00 | \$ 0.00 | \$ 11,000.00 |
| <p>Priority Creditor's Name Centralized Insolvency Operation</p> <p>Number Street Post Office Box 7346</p> <p>Philadelphia PA 19101-7346</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Last 4 digits of account number</p> <p>When was the debt incurred? 2015</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify</p> | | | |

| | |
|-----|---|
| 2.2 | <p>Priority Creditor's Name</p> <p>Number Street</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify</p> |
|-----|---|

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

A ADVANCE PAYDAY

Total claim

4.1

Nonpriority Creditor's Name

3985 E. SUNSET ROAD #C

Number Street

Las Vegas

NV

89120

City

State

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☒ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this claim is for a community debt**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number Case #19A003371

\$ 573.47

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify COLLECTION SUIT - PAYDAY LOAN

4.2

ADVANCE AMERICA

Nonpriority Creditor's Name

3073 W. Craig Rd., Ste. 8

Number Street

North Las Vegas

NV

89032

City

State

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this claim is for a community debt**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number

\$ Unknown

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify Monies Loaned / Advanced

4.3

ALLTRAN FINANCIAL LP

Nonpriority Creditor's Name

P.O. BOX 610

Number Street

Sauk Rapids

MN

56379

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this claim is for a community debt**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number XXXX5937

\$2,162.46

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify COLLECTION - METABANK

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | | Total claim |
|--|------------------------------------|--|-------------------|
| 4.4 | ARS NATIONAL SERVICES | Last 4 digits of account number XXXX2473 | \$ 618.33 |
| Nonpriority Creditor's Name | | When was the debt incurred? | |
| P.O. BOX 469046 | | | |
| Number | Street | | |
| Escondido | CA | 92046-9046 | |
| City | State | ZIP Code | |
| Who incurred the debt? Check one. | | As of the date you file, the claim is: Check all that apply. | |
| <input type="checkbox"/> Debtor 1 only | | <input type="checkbox"/> Contingent | |
| <input checked="" type="checkbox"/> Debtor 2 only | | <input type="checkbox"/> Unliquidated | |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only | | <input type="checkbox"/> Disputed | |
| <input type="checkbox"/> At least one of the debtors and another | | Type of NONPRIORITY unsecured claim: | |
| <input type="checkbox"/> Check if this claim is for a community debt | | <input type="checkbox"/> Student loans | |
| Is the claim subject to offset? | | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| <input type="checkbox"/> Yes | | <input checked="" type="checkbox"/> Other. Specify COLLECTION - CAPITAL ONE BANK | |
| 4.5 | ASIAN COMMODITIES COMPANY | Last 4 digits of account number XXXX7034 | \$ 693.99 |
| Nonpriority Creditor's Name | | When was the debt incurred? | |
| 3410 N. SAN FERNANDO ROAD | | | |
| Number | Street | | |
| SUITE 1 | | | |
| Los Angeles | CA | 90065 | |
| City | State | ZIP Code | |
| Who incurred the debt? Check one. | | As of the date you file, the claim is: Check all that apply. | |
| <input type="checkbox"/> Debtor 1 only | | <input type="checkbox"/> Contingent | |
| <input type="checkbox"/> Debtor 2 only | | <input type="checkbox"/> Unliquidated | |
| <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only | | <input type="checkbox"/> Disputed | |
| <input type="checkbox"/> At least one of the debtors and another | | Type of NONPRIORITY unsecured claim: | |
| <input type="checkbox"/> Check if this claim is for a community debt | | <input type="checkbox"/> Student loans | |
| Is the claim subject to offset? | | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| <input type="checkbox"/> Yes | | <input checked="" type="checkbox"/> Other. Specify Suppliers and Vendors | |
| 4.6 | AUTONATION TOYOTA LAS VEGAS | Last 4 digits of account number XXXX2697 | \$ Unknown |
| Nonpriority Creditor's Name | | When was the debt incurred? | |
| 6300 W. SAHARA AVE. | | | |
| Number | Street | | |
| Las Vegas | NV | 89146 | |
| City | State | ZIP Code | |
| Who incurred the debt? Check one. | | As of the date you file, the claim is: Check all that apply. | |
| <input type="checkbox"/> Debtor 1 only | | <input type="checkbox"/> Contingent | |
| <input checked="" type="checkbox"/> Debtor 2 only | | <input type="checkbox"/> Unliquidated | |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only | | <input type="checkbox"/> Disputed | |
| <input type="checkbox"/> At least one of the debtors and another | | Type of NONPRIORITY unsecured claim: | |
| <input type="checkbox"/> Check if this claim is for a community debt | | <input type="checkbox"/> Student loans | |
| Is the claim subject to offset? | | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| <input type="checkbox"/> Yes | | <input checked="" type="checkbox"/> Other. Specify SALE OF GOODS | |

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | | Total claim |
|---|----------------------------|---|--------------------|
| 4.7 | BELMONT FINANCE LLC | Last 4 digits of account number S50003XXXX | \$ 2,597.00 |
| Nonpriority Creditor's Name 1990 GODFREY DRIVE Number Street SUITE 101 Waupaca WI 54981 City State ZIP Code | | | |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify SALES CONTRACT | | | |
| 4.8 | BONANZA BEVERAGE | Last 4 digits of account number XXXX0206 | \$ 265.02 |
| Nonpriority Creditor's Name P.O. BOX 96838 Number Street Las Vegas NV 89193-6838 City State ZIP Code | | | |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Suppliers and Vendors | | | |
| 4.9 | CAINE & WEINER | Last 4 digits of account number XXXX9840 | \$ 546.63 |
| Nonpriority Creditor's Name P.O. BOX 5010 Number Street WOODLAND HILLS CA 91365-5010 City State ZIP Code | | | |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify COLLECTION: PROGRESSIVE INSURANCE | | | |

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | | Total claim |
|--|-----------------------------------|---|---------------------|
| 4.10 | CAPITAL MANAGMENT SERVICES | Last 4 digits of account number XXX9928 | \$ 14,215.85 |
| Nonpriority Creditor's Name | | When was the debt incurred? | |
| 698 1/2 SOUTH OGDEN STREET | | | |
| Number | Street | | |
| Buffalo | NY | 14206-2317 | |
| City | State | ZIP Code | |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify COLLECTION: U.S. BANK | |
| Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 4.11 | CAPITAL ONE BANK | Last 4 digits of account number 517805XXXX | \$ Unknown |
| Nonpriority Creditor's Name | | When was the debt incurred? | |
| P.O. BOX 30285 | | | |
| Number | Street | | |
| Salt Lake City | UT | 84130 | |
| City | State | ZIP Code | |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt | |
| Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 4.12 | CAPITAL ONE BANK | Last 4 digits of account number XXXX2473 | \$ 608.33 |
| Nonpriority Creditor's Name | | When was the debt incurred? | |
| P.O. BOX 60599 | | | |
| Number | Street | | |
| City Of Industry | CA | 91716-0599 | |
| City | State | ZIP Code | |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt | |
| Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | | Total claim |
|--|-----------------------|--|-------------|
| 4.13 | CARSON SMITHFIELD LLC | Last 4 digits of account number XXXX7147 | \$1,749.81 |
| <p>Nonpriority Creditor's Name P.O. BOX 9216</p> <p>When was the debt incurred? _____</p> <p>Number _____ Street _____</p> <p>Old Bethpage NY 11804</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify COLLECTION - MERRICK BANK CORP.</p> | | | |
| 4.14 | CARSON SMITHFIELD LLC | Last 4 digits of account number XXXX0757 | \$1,992.46 |
| <p>Nonpriority Creditor's Name P.O. BOX 9216</p> <p>When was the debt incurred? _____</p> <p>Number _____ Street _____</p> <p>Old Bethpage NY 11804</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify COLLECTION - MERRICK BANK CORP.</p> | | | |
| 4.15 | CASH 1 | Last 4 digits of account number | \$Unknown |
| <p>Nonpriority Creditor's Name 725 EAST COVEY LANE</p> <p>When was the debt incurred? _____</p> <p>Number _____ Street _____</p> <p>SUITE 150</p> <p>Phoenix AZ 85024</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Monies Loaned / Advanced</p> | | | |

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | | Total claim |
|--|---------------------|--|-------------|
| 4.16 | CASH COW | | |
| Nonpriority Creditor's Name | | Last 4 digits of account number | |
| 8170 S Eastern Ave #5 | | \$ Unknown | |
| Number Street | | When was the debt incurred? | |
| Las Vegas NV 89123 | | As of the date you file, the claim is: Check all that apply. | |
| City State ZIP Code | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Monies Loaned / Advanced | |
| <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 4.17 | CASH FACTORY | | |
| Nonpriority Creditor's Name | | Last 4 digits of account number | |
| 101 Convention Center Dr. #700 | | \$ Unknown | |
| Number Street | | When was the debt incurred? | |
| Las Vegas NV 89109 | | As of the date you file, the claim is: Check all that apply. | |
| City State ZIP Code | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Monies Loaned / Advanced | |
| <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 4.18 | CASHLAND | | |
| Nonpriority Creditor's Name | | Last 4 digits of account number | |
| 10417 N. May Ave. | | \$ Unknown | |
| Number Street | | When was the debt incurred? | |
| Oklahoma City OK 73120 | | As of the date you file, the claim is: Check all that apply. | |
| City State ZIP Code | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Monies Loaned / Advanced | |
| <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | Total claim | |
|--|-----------------------------|---|-----------|
| 4.19 | CASH OASIS #2 | Last 4 digits of account number Case No. 19A00447 | \$ 475.26 |
| <p>Nonpriority Creditor's Name 3870 E. FLAMINGO ROAD</p> <p>Number Street SUITE A-14</p> <p>Las Vegas NV 89121 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection - Payday Loan</p> | | | |
| 4.20 | CENTRAL CREDIT SERVICES LLC | Last 4 digits of account number XXXX1290 | \$ 734.00 |
| <p>Nonpriority Creditor's Name 9550 REGENCY SQUIRE BLVD. #500A</p> <p>Number Street</p> <p>Jacksonville FL 32225 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify COLLECTION - MONTGOMERY WARD</p> | | | |
| 4.21 | CENTURYLINK | Last 4 digits of account number XXXX6347 | \$ 317.65 |
| <p>Nonpriority Creditor's Name P.O. BOX 4300</p> <p>Number Street</p> <p>Carol Stream IL 60197-4300 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Telephone / Internet services</p> | | | |

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.22 CHECK CITY PARTNERSHIP**Total claim**

Nonpriority Creditor's Name

c/o SEAN HILLIN, P.C.

Number Street

1800 E. Sahara Ave. Ste 102

Las Vegas

NV

89104

City

State

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☒ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this claim is for a community debt**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number Case No. 19C03447

\$756.72

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify Collection Claim - Pay Day Loan

4.23 COCA-COLA REFRESHMENTS

Nonpriority Creditor's Name

521 LAKE KATHY DRIVE

Number Street

Brandon

FL

33510-3945

City

State

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another

☐ Check if this claim is for a community debt**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number XXXX3842

\$523.68

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify Suppliers and Vendors

4.24 COMET LOANS

Nonpriority Creditor's Name

Tonto Apache Reservation #30

Number Street

Payson

AZ

85541

City

State

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this claim is for a community debt**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number

\$Unknown

When was the debt incurred? _____**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify Monies Loaned / Advanced

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | Total claim |
|-------------|--|---|
| 4.25 | CONVERGENT OUTSOURCING <hr/> Nonpriority Creditor's Name 800 SW 39th STREET <hr/> Number Street SUITE 100 / P.O. BOX 9004 <hr/> Renton WA 98057 City State ZIP Code <hr/> Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number XXXX3391NV \$3,223.28 <hr/> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify COLLECTION - SNAP FINANCE LLC |
| 4.26 | CONVERGENT OUTSOURCING <hr/> Nonpriority Creditor's Name 800 SW 39TH <hr/> Number Street P.O. BOX 9004 <hr/> Renton WA 98057 City State ZIP Code <hr/> Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number XXXX8545 \$507.27 <hr/> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify COLLECTION: T-MOBILE |
| 4.27 | COX BUSINESS <hr/> Nonpriority Creditor's Name P.O. BOX 53262 <hr/> Number Street <hr/> Phoenix AZ 85072-3262 City State ZIP Code <hr/> Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number XXXX0301 \$1,154.25 <hr/> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Cable / Satellite Services |

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | | Total claim |
|--|------------------------------|--|-------------|
| 4.28 | COX COMMUNICATIONS | | |
| Nonpriority Creditor's Name | | Last 4 digits of account number | |
| P.O. BOX 79175 | | XXXX3415 | \$ 542.10 |
| Number Street | | When was the debt incurred? | |
| Phoenix AZ 85062-9175 | | As of the date you file, the claim is: Check all that apply. | |
| City State ZIP Code | | <input type="checkbox"/> Contingent | |
| Who incurred the debt? Check one. | | <input type="checkbox"/> Unliquidated | |
| <input type="checkbox"/> Debtor 1 only | | <input type="checkbox"/> Disputed | |
| <input checked="" type="checkbox"/> Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only | | <input type="checkbox"/> Student loans | |
| <input type="checkbox"/> At least one of the debtors and another | | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| <input type="checkbox"/> Check if this claim is for a community debt | | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | | <input checked="" type="checkbox"/> Other. Specify Telephone / Internet services | |
| <input checked="" type="checkbox"/> No | | | |
| <input type="checkbox"/> Yes | | | |
| 4.29 | CREDENCE RESOUC E MANAGEMENT | | |
| Nonpriority Creditor's Name | | Last 4 digits of account number | |
| P.O. BOX 2147 | | XXXX8545 | \$ 666.10 |
| Number Street | | When was the debt incurred? | |
| Southgate MI 48195-4147 | | As of the date you file, the claim is: Check all that apply. | |
| City State ZIP Code | | <input type="checkbox"/> Contingent | |
| Who incurred the debt? Check one. | | <input type="checkbox"/> Unliquidated | |
| <input type="checkbox"/> Debtor 1 only | | <input type="checkbox"/> Disputed | |
| <input checked="" type="checkbox"/> Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only | | <input type="checkbox"/> Student loans | |
| <input type="checkbox"/> At least one of the debtors and another | | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| <input type="checkbox"/> Check if this claim is for a community debt | | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | | <input checked="" type="checkbox"/> Other. Specify COLLECTION: T-MOBILE | |
| <input checked="" type="checkbox"/> No | | | |
| <input type="checkbox"/> Yes | | | |
| 4.30 | CREDENCE RESOURCE MANAGEMENT | | |
| Nonpriority Creditor's Name | | Last 4 digits of account number | |
| 17000 DALLAS PARKWAY | | 347430XXX | \$ 666.00 |
| Number Street | | When was the debt incurred? | |
| SUITE 204 | | As of the date you file, the claim is: Check all that apply. | |
| Dallas TX 75248 | | <input type="checkbox"/> Contingent | |
| City State ZIP Code | | <input type="checkbox"/> Unliquidated | |
| Who incurred the debt? Check one. | | <input type="checkbox"/> Disputed | |
| <input type="checkbox"/> Debtor 1 only | | Type of NONPRIORITY unsecured claim: | |
| <input checked="" type="checkbox"/> Debtor 2 only | | <input type="checkbox"/> Student loans | |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only | | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| <input type="checkbox"/> At least one of the debtors and another | | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| <input type="checkbox"/> Check if this claim is for a community debt | | <input checked="" type="checkbox"/> Other. Specify Collection Agency | |
| Is the claim subject to offset? | | | |
| <input checked="" type="checkbox"/> No | | | |
| <input type="checkbox"/> Yes | | | |

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | | Total claim |
|--|--------------------|--|-------------|
| 4.31 | CREDIT CONTROL LLC | Last 4 digits of account number XXXX5937 | \$ 2,162.46 |
| Nonpriority Creditor's Name 5757 PHANTOM DRIVE Number Street SUITE 330 Hazelwood MO 63042 City State ZIP Code | | When was the debt incurred? As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify COLLECTION - METABANK | |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 4.32 | CREDIT FIRST N.A. | Last 4 digits of account number XXXX6316 | \$ 1,226.40 |
| Nonpriority Creditor's Name dba TIRE WORKS TOTAL CAR CARE Number Street P.O. BOX 81344 Cleveland OH 44188-0344 City State ZIP Code | | When was the debt incurred? As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt | |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 4.33 | CREDIT MANAGEMENT | Last 4 digits of account number 681922XXXX | \$542.00 |
| Nonpriority Creditor's Name 6080 TENNYSON PARKWAY Number Street SUITE 100 Plano TX 75024 City State ZIP Code | | When was the debt incurred? As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Agency | |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | Total claim |
|-------------|---|--|
| 4.34 | CREDIT ONE BANK Nonpriority Creditor's Name 6801 S Cimarron Rd Number Street Las Vegas NV 89113 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 444796XXXX When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt \$ 1,570.00 |
| 4.35 | CREST FINANCIAL Nonpriority Creditor's Name 61 WEST 13490 SOUTH Number Street Draper UT 84020 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number XXXX395-1 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Suppliers and Vendors \$ 1,305.95 |
| 4.36 | DIRECT TV Nonpriority Creditor's Name P.O. BOX 6550 Number Street GREENWOOD VILLAGE CO 80155 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number XXXX3993 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Cable / Satellite Services \$ 418.83 |

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | | Total claim |
|---|---------------------------------------|--|-------------|
| 4.37 | ELAVON | | |
| Nonpriority Creditor's Name | | Last 4 digits of account number | |
| 7300 CHAPMAN HIGHWAY | | XXXX85752 | \$ 2,800.00 |
| Number Street | | When was the debt incurred? | |
| Knoxville TN 37920-6612 | | As of the date you file, the claim is: Check all that apply. | |
| City State ZIP Code | | <input type="checkbox"/> Contingent | |
| Who incurred the debt? Check one. | | <input type="checkbox"/> Unliquidated | |
| <input type="checkbox"/> Debtor 1 only | | <input type="checkbox"/> Disputed | |
| <input type="checkbox"/> Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only | | <input type="checkbox"/> Student loans | |
| <input checked="" type="checkbox"/> At least one of the debtors and another | | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| <input type="checkbox"/> Check if this claim is for a community debt | | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | | <input checked="" type="checkbox"/> Other. Specify MERCHANT ACCOUNT | |
| <input checked="" type="checkbox"/> No | | | |
| <input type="checkbox"/> Yes | | | |
| 4.38 | EXPRESS MERCHANT PROCESSING SOLUTIONS | | |
| Nonpriority Creditor's Name | | Last 4 digits of account number | |
| 14141 SW FREEWAY | | XXXX14886 | \$ 1,473.48 |
| Number Street | | When was the debt incurred? | |
| Sugar Land TX 77478 | | As of the date you file, the claim is: Check all that apply. | |
| City State ZIP Code | | <input type="checkbox"/> Contingent | |
| Who incurred the debt? Check one. | | <input type="checkbox"/> Unliquidated | |
| <input type="checkbox"/> Debtor 1 only | | <input type="checkbox"/> Disputed | |
| <input type="checkbox"/> Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only | | <input type="checkbox"/> Student loans | |
| <input checked="" type="checkbox"/> At least one of the debtors and another | | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| <input type="checkbox"/> Check if this claim is for a community debt | | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | | <input checked="" type="checkbox"/> Other. Specify | |
| <input checked="" type="checkbox"/> No | | | |
| <input type="checkbox"/> Yes | | | |
| 4.39 | FARMERS INSURANCE | | |
| Nonpriority Creditor's Name | | Last 4 digits of account number | |
| P.O. BOX 894883 | | XXXX5319 | \$ 159.31 |
| Number Street | | When was the debt incurred? | |
| LOS ANGELES CA 90189 | | As of the date you file, the claim is: Check all that apply. | |
| City State ZIP Code | | <input type="checkbox"/> Contingent | |
| Who incurred the debt? Check one. | | <input type="checkbox"/> Unliquidated | |
| <input type="checkbox"/> Debtor 1 only | | <input type="checkbox"/> Disputed | |
| <input checked="" type="checkbox"/> Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only | | <input type="checkbox"/> Student loans | |
| <input type="checkbox"/> At least one of the debtors and another | | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| <input type="checkbox"/> Check if this claim is for a community debt | | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | | <input checked="" type="checkbox"/> Other. Specify INSURANCE PREMIUM / RETURNED PAYMENT | |
| <input checked="" type="checkbox"/> No | | | |
| <input type="checkbox"/> Yes | | | |

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | | Total claim |
|--|-----------------------------------|---|--------------------|
| 4.40 | FARMERS INSURANCE EXCHANGE | Last 4 digits of account number XXXX00001 | \$ 541.00 |
| Nonpriority Creditor's Name P.O. BOX 4665 Number Street Carol Stream IL 60197-4665 City State ZIP Code | | When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify INSURANCE PREMIUM | |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 4.41 | FBCS | Last 4 digits of account number XXXX7147 | \$ 1,749.81 |
| Nonpriority Creditor's Name 330 S. WARMINSTER ROAD Number Street SUITE 535 Hatboro PA 19040 City State ZIP Code | | When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify COLLECTION - MERRICK BANK | |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 4.42 | FINGERHUT ACCOUNT SERV. | Last 4 digits of account number | \$ 2,137.00 |
| Nonpriority Creditor's Name P.O. BOX 166 Number Street Newark NJ 07101-0166 City State ZIP Code | | When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt | |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | | Total claim |
|---|---------------------------|--|-------------|
| 4.43 | FIRST DATA GLOBAL LEASING | Last 4 digits of account number XXXX3745-000 | \$ 626.67 |
| Nonpriority Creditor's Name | | When was the debt incurred? | |
| P.O. BOX 173845 | | | |
| Number | Street | | |
| Denver | CO | 80217 | |
| City | State | ZIP Code | |
| Who incurred the debt? Check one. | | As of the date you file, the claim is: Check all that apply. | |
| <input type="checkbox"/> Debtor 1 only | | <input type="checkbox"/> Contingent | |
| <input type="checkbox"/> Debtor 2 only | | <input type="checkbox"/> Unliquidated | |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only | | <input type="checkbox"/> Disputed | |
| <input checked="" type="checkbox"/> At least one of the debtors and another | | Type of NONPRIORITY unsecured claim: | |
| <input type="checkbox"/> Check if this claim is for a community debt | | <input type="checkbox"/> Student loans | |
| Is the claim subject to offset? | | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| <input type="checkbox"/> Yes | | <input checked="" type="checkbox"/> Other. Specify | |
| 4.44 | FIRST DATA GLOBAL LEASING | Last 4 digits of account number XXXX5904-000 | \$ 1,167.95 |
| Nonpriority Creditor's Name | | When was the debt incurred? | |
| FIRST DATA MERCHANT SERVICES | | | |
| Number | Street | | |
| P.O. BOX 407092 | | | |
| Fort Lauderdale | FL | 33340 | |
| City | State | ZIP Code | |
| Who incurred the debt? Check one. | | As of the date you file, the claim is: Check all that apply. | |
| <input type="checkbox"/> Debtor 1 only | | <input type="checkbox"/> Contingent | |
| <input type="checkbox"/> Debtor 2 only | | <input type="checkbox"/> Unliquidated | |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only | | <input type="checkbox"/> Disputed | |
| <input checked="" type="checkbox"/> At least one of the debtors and another | | Type of NONPRIORITY unsecured claim: | |
| <input type="checkbox"/> Check if this claim is for a community debt | | <input type="checkbox"/> Student loans | |
| Is the claim subject to offset? | | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| <input type="checkbox"/> Yes | | <input checked="" type="checkbox"/> Other. Specify Suppliers and Vendors | |
| 4.45 | FIRST PREMIER BANK | Last 4 digits of account number XXXX2722 | \$ 906.40 |
| Nonpriority Creditor's Name | | When was the debt incurred? | |
| P.O. BOX 5524 | | | |
| Number | Street | | |
| Sioux Falls | SD | 57117-5524 | |
| City | State | ZIP Code | |
| Who incurred the debt? Check one. | | As of the date you file, the claim is: Check all that apply. | |
| <input checked="" type="checkbox"/> Debtor 1 only | | <input type="checkbox"/> Contingent | |
| <input type="checkbox"/> Debtor 2 only | | <input type="checkbox"/> Unliquidated | |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only | | <input type="checkbox"/> Disputed | |
| <input type="checkbox"/> At least one of the debtors and another | | Type of NONPRIORITY unsecured claim: | |
| <input type="checkbox"/> Check if this claim is for a community debt | | <input type="checkbox"/> Student loans | |
| Is the claim subject to offset? | | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| <input type="checkbox"/> Yes | | <input checked="" type="checkbox"/> Other. Specify Credit Card Debt | |

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | Total claim | |
|--|--------------------|--|-----------|
| 4.46 | FIRST PREMIER BANK | Last 4 digits of account number XXXX4455 | \$ 901.37 |
| Nonpriority Creditor's Name | | When was the debt incurred? | |
| P.O. BOX 5524 | | | |
| Number Street | | | |
| Sioux Falls SD 57117-5524 | | As of the date you file, the claim is: Check all that apply. | |
| City State ZIP Code | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt | |
| <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 4.47 | FIRST PREMIER BANK | Last 4 digits of account number XXXX6679 | \$ 987.84 |
| Nonpriority Creditor's Name | | When was the debt incurred? | |
| P.O. BOX 5524 | | | |
| Number Street | | | |
| Sioux Falls SD 57117-5524 | | As of the date you file, the claim is: Check all that apply. | |
| City State ZIP Code | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt | |
| <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 4.48 | FIRST PREMIER BANK | Last 4 digits of account number XXXX4721 | \$ 508.43 |
| Nonpriority Creditor's Name | | When was the debt incurred? | |
| P.O. BOX 5524 | | | |
| Number Street | | | |
| Sioux Falls SD 57117-5524 | | As of the date you file, the claim is: Check all that apply. | |
| City State ZIP Code | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt | |
| <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | | Total claim |
|--|--|--|---------------------|
| 4.49 | FLAGSHIP CREDIT ACCEPTANCE | Last 4 digits of account number 630631XXXX | \$ 18,202.00 |
| Nonpriority Creditor's Name P.O. BOX 3807 Number Street Coppel TX 75019 City State ZIP Code | | When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify AUTO LOAN - DEFICIENCY | |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 4.50 | GLOBAL CREDIT COLLECTION | Last 4 digits of account number XXXX5937 | \$ 2,162.46 |
| Nonpriority Creditor's Name P.O. BOX 129 Number Street Linden MI 48451-0129 City State ZIP Code | | When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify COLLECTION - METABANK | |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 4.51 | HALSTED FINANCIAL SERVICES LLC. | Last 4 digits of account number XXXX8986 | \$ 649.41 |
| Nonpriority Creditor's Name P.O. BOX 828 Number Street Skokie IL 60076 City State ZIP Code | | When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify COLLECTION - CREDIT ONE BANK / LVNV FUDING | |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | | | Total claim |
|------|-------------------------------|---|---|-------------|
| 4.52 | HUNTER WARFIELD | Nonpriority Creditor's Name P.O. BOX 1022 Number Street | Last 4 digits of account number XXXX5904-000 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify COLLECTION - FIRST DATA GLOBAL LEASING | \$1,087.20 |
| | | Wixom MI 48393-1022 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 4.53 | HUNTER WARFIELD | Nonpriority Creditor's Name 4620 WOODLAND CORPORATE BLVD. Number Street | Last 4 digits of account number XXXX3745-000 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify COLLECTION: FIRST DATA GLOBAL LEASING | \$2,493.94 |
| | | Tampa FL 33614 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 4.54 | JEFFERSON CAPITAL SYSTEMS LLC | Nonpriority Creditor's Name 16 MCLELAND ROAD Number Street | Last 4 digits of account number XXXX4721 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify COLLECTION - FIRST PREMIER BANK | \$508.43 |
| | | Saint Cloud MN 56303 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | Total claim |
|------|--|---|
| 4.55 | <p>JEFFERSON CAPITAL SYSTEMS LLC</p> <p>Nonpriority Creditor's Name 16 McLELAND ROAD</p> <p>Number Street</p> <p>Saint Cloud MN 56303</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number XXX2722</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify COLLECTION - FIRST PREMIER BANK</p> <p>\$906.40</p> |
| 4.56 | <p>JPMCB AUTO</p> <p>Nonpriority Creditor's Name P.O. BOX 901003</p> <p>Number Street</p> <p>Fort Worth TX 76101</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number 528350XXXX</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify AUTO LOAN - DEFICIENCY BALANCE</p> <p>\$8,700.00</p> |
| 4.57 | <p>KOSTER FINANCE LLC</p> <p>Nonpriority Creditor's Name C/O Peter K Cleary</p> <p>Number Street 4310 S. CAMERON STREET #9</p> <p>Las Vegas NV 89103</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number Case No. 19-C03569!</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Monies Loaned / Advanced</p> <p>\$571.03</p> |

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | Total claim |
|-------------|--|---|
| 4.58 | KOSTERS CASH LOANS Nonpriority Creditor's Name 4310 S. CAMERON ST. Number Street SUITE 9 Las Vegas NV 89103 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number XXXX1451 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Monies Loaned / Advanced \$ 815.03 |
| 4.59 | LADCO LEASING Nonpriority Creditor's Name 7300 CHAPMAN HIGHWAY Number Street Knoxville TN 37920 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number XXXX3834 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify \$ 285.63 |
| 4.60 | LAS VEGAS WHOLESALE Nonpriority Creditor's Name 3899 RENATE DRIVE Number Street Las Vegas NV 89103 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Suppliers and Vendors \$ 451.55 |

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | | Total claim |
|------|--|---|-------------|
| 4.61 | LINEBARGER GOGGAN BLAIR & SAMPSON Nonpriority Creditor's Name 900 ARION PARKWAY Number Street SUITE 104 San Antonio TX 78216 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify COLLECTION: CITY OF LAS VEGAS | \$194.70 |
| 4.62 | LVNV FUNDING LLC. Nonpriority Creditor's Name c/o Joseph A. Geller, Esq. Number Street 415 S. SIXTH STREET #200K Las Vegas NV 89101 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number Case No. 18CH39 When was the debt incurred? As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify COLLECTION - MONEY LOANED | \$1,570.57 |
| 4.63 | MADISON TRUST GROUP Nonpriority Creditor's Name P.O. Box 203 Number Street #1 Wakpamni Lake Housing Batesland SD 57716 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Monies Loaned / Advanced | \$Unknown |

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | Total claim |
|------|---|--|
| 4.64 | <p>MARYLAND DEPT OF TRANSPORTATION</p> <p>Nonpriority Creditor's Name 7201 Corporate Center Drive</p> <p>Number Street</p> <p>Hanover MD 21076</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number XXXX4784</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify UNINSURED AUTO INSURANCE FINE</p> <p>\$ 2,031.12</p> |
| 4.65 | <p>MERRICK BANK</p> <p>Nonpriority Creditor's Name P.O. BOX 660702</p> <p>Number Street</p> <p>Dallas TX 75266-0702</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number XXXX7147</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Credit Card Debt</p> <p>\$ 1,749.81</p> |
| 4.66 | <p>MERRICK BANK</p> <p>Nonpriority Creditor's Name P.O. BOX 660702</p> <p>Number Street</p> <p>Dallas TX 75266-0702</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number XXXX0757</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Credit Card Debt</p> <p>\$ 1,941.41</p> |

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | | Total claim |
|--|---------------------|-------------|-------------|
| 4.67 | MONTGOMERY WARD | | |
| Nonpriority Creditor's Name | | | |
| 1112 7TH AVE. | | | |
| Number Street | | | |
| Monroe WI 53566 | | | |
| City State ZIP Code | | | |
| Who incurred the debt? Check one. | | | |
| <input type="checkbox"/> Debtor 1 only | | | |
| <input checked="" type="checkbox"/> Debtor 2 only | | | |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only | | | |
| <input type="checkbox"/> At least one of the debtors and another | | | |
| <input type="checkbox"/> Check if this claim is for a community debt | | | |
| Is the claim subject to offset? | | | |
| <input checked="" type="checkbox"/> No | | | |
| <input type="checkbox"/> Yes | | | |
| Last 4 digits of account number | | \$ 734.00 | |
| When was the debt incurred? | | | |
| As of the date you file, the claim is: Check all that apply. | | | |
| <input type="checkbox"/> Contingent | | | |
| <input type="checkbox"/> Unliquidated | | | |
| <input type="checkbox"/> Disputed | | | |
| Type of NONPRIORITY unsecured claim: | | | |
| <input type="checkbox"/> Student loans | | | |
| <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | | |
| <input checked="" type="checkbox"/> Other. Specify Credit Card Debt | | | |
| 4.68 | MONTROE AND MAIN | | |
| Nonpriority Creditor's Name | | | |
| 1112 7TH AVE. | | | |
| Number Street | | | |
| Monroe WI 53566-1364 | | | |
| City State ZIP Code | | | |
| Who incurred the debt? Check one. | | | |
| <input type="checkbox"/> Debtor 1 only | | | |
| <input checked="" type="checkbox"/> Debtor 2 only | | | |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only | | | |
| <input type="checkbox"/> At least one of the debtors and another | | | |
| <input type="checkbox"/> Check if this claim is for a community debt | | | |
| Is the claim subject to offset? | | | |
| <input checked="" type="checkbox"/> No | | | |
| <input type="checkbox"/> Yes | | | |
| Last 4 digits of account number | | \$ 495.00 | |
| When was the debt incurred? | | | |
| As of the date you file, the claim is: Check all that apply. | | | |
| <input type="checkbox"/> Contingent | | | |
| <input type="checkbox"/> Unliquidated | | | |
| <input type="checkbox"/> Disputed | | | |
| Type of NONPRIORITY unsecured claim: | | | |
| <input type="checkbox"/> Student loans | | | |
| <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | | |
| <input checked="" type="checkbox"/> Other. Specify Credit Card Debt | | | |
| 4.69 | MORGAN & ASSOCIATES | | |
| Nonpriority Creditor's Name | | | |
| 2601 N.W. EXPRESSWAY | | | |
| Number Street | | | |
| SUITE 205 EAST | | | |
| Oklahoma City OK 73112-7229 | | | |
| City State ZIP Code | | | |
| Who incurred the debt? Check one. | | | |
| <input type="checkbox"/> Debtor 1 only | | | |
| <input type="checkbox"/> Debtor 2 only | | | |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only | | | |
| <input checked="" type="checkbox"/> At least one of the debtors and another | | | |
| <input type="checkbox"/> Check if this claim is for a community debt | | | |
| Is the claim subject to offset? | | | |
| <input checked="" type="checkbox"/> No | | | |
| <input type="checkbox"/> Yes | | | |
| Last 4 digits of account number | | \$ 5,070.47 | |
| When was the debt incurred? | | | |
| As of the date you file, the claim is: Check all that apply. | | | |
| <input type="checkbox"/> Contingent | | | |
| <input type="checkbox"/> Unliquidated | | | |
| <input type="checkbox"/> Disputed | | | |
| Type of NONPRIORITY unsecured claim: | | | |
| <input type="checkbox"/> Student loans | | | |
| <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | | |
| <input checked="" type="checkbox"/> Other. Specify COLLECTION: COX COMMUNICATIONS LAS | | | |

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | | Total claim |
|---|---------------------------|--|-------------|
| 4.70 | NEVADA BEVERAGE | Last 4 digits of account number XXXX11940 | \$ 126.19 |
| Nonpriority Creditor's Name FILE 50950 | | | |
| Number Street Los Angeles CA 90074-0950 City State ZIP Code | | | |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Suppliers and Vendors | | | |
| 4.71 | NEVADA SECRETARY OF STATE | Last 4 digits of account number RE: JEANY'S PLACES | \$ 1,350.00 |
| Nonpriority Creditor's Name 2250 LAS VEGAS BOULEVARD NORTH | | | |
| Number Street SUITE 400 North Las Vegas NV 89030 City State ZIP Code | | | |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify ANY AND ALL CLAIMS | | | |
| 4.72 | NORTHLAND GROUP | Last 4 digits of account number XXXX9531 | \$ 840.60 |
| Nonpriority Creditor's Name P.O. BOX 390846 | | | |
| Number Street Minneapolis MN 55439 City State ZIP Code | | | |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify COLLECTION: U.S. BANK | | | |

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | | Total claim |
|---|-----------------------------|---|-------------|
| 4.73 | NORTHLAND GROUP | Last 4 digits of account number XXXX3517 | \$ 449.42 |
| Nonpriority Creditor's Name P.O. BOX 390846 Number Street Minneapolis MN 55439 City State ZIP Code | | | |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify COLLECTION - U.S. BANK | | | |
| 4.74 | NORTHSTAR LOCATION SERVICES | Last 4 digits of account number XXX3745-000 | \$ 2,493.94 |
| Nonpriority Creditor's Name 4285 GENESEE STREET Number Street Buffalo NY 14225 City State ZIP Code | | | |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify COLLECTION: FIRST DATA GLOBAL LEASING | | | |
| 4.75 | ON CALL CASH | Last 4 digits of account number | \$ Unknown |
| Nonpriority Creditor's Name 7626 Westcliff Dr Number Street Las Vegas NV 89145 City State ZIP Code | | | |
| Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Monies Loaned / Advanced | | | |

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | Total claim |
|------|---|--|
| 4.76 | <p>ON CALL CASH, LLC.</p> <p>Nonpriority Creditor's Name 467 E. Silverado Ranch Blvd.</p> <p>Number Street Suite 110</p> <p>City State ZIP Code 89183</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number CASE NO. 19A00421 \$202.71</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify COLLECTION - PAYDAY LOAN</p> |
| 4.77 | <p>PHILIPPINE FOOD TRADE CORP.</p> <p>Nonpriority Creditor's Name P.O. BOX 911307</p> <p>Number Street</p> <p>City State ZIP Code Los Angeles CA 90091-1236</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number XXXXASIANMARKET \$2,918.45</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Suppliers and Vendors</p> |
| 4.78 | <p>PHILLIPS & COHEN</p> <p>Nonpriority Creditor's Name MAIL STOP 147</p> <p>Number Street 1002 JUSTISON STREET</p> <p>City State ZIP Code Wilmington DE 19801</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number XXXX7147 \$1,749.81</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify COLLECTION - MERRICK BANK</p> |

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | | Total claim |
|--|------------------------------------|--|-------------|
| 4.79 | PORTFOLIO RECOVERY ASSOC. | Last 4 digits of account number XXXX2473 | \$ 618.33 |
| Nonpriority Creditor's Name 120 CORPORATE BLVD. Number Street Norfolk VA 23502 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify COLLECTION - CAPITAL ONE BANK | | | |
| 4.80 | PREMIER BANKCARD / FIRST PREMIER | Last 4 digits of account number 517800XXXX | \$ 901.00 |
| Nonpriority Creditor's Name 601 S. MINNESOTA AVE. Number Street Sioux Falls SD 57104 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt | | | |
| 4.81 | RETRIEVAL MASTERS CREDITORS BUREAU | Last 4 digits of account number XXX1110 | \$ 495.41 |
| Nonpriority Creditor's Name 4 WESTCHESTER PLAZA Number Street SUITE 110 Elmsford NY 10523 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify COLLECTION - MONROE AND MAIN | | | |

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | | | Total claim |
|------|------------------------------|--|--|-------------|
| 4.82 | SEQUIUM ASSET SOLUTIONS, LLC | Nonpriority Creditor's Name 1130 NORTHCHASE PARKWAY Number Street SUITE 150 Marietta GA 30067 City State ZIP Code | Last 4 digits of account number XXXX3415 When was the debt incurred? As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify COLLECTION - COX COMMUNICATIONS | \$ 677.63 |
| 4.83 | SEVENTH AVENUE | Nonpriority Creditor's Name 1112 7TH AVENUE Number Street Monroe WI 53566 City State ZIP Code | Last 4 digits of account number 990827XXXX When was the debt incurred? As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt | \$ 891.00 |
| 4.84 | SEVENTH AVENUE | Nonpriority Creditor's Name 1112 7TH AVENUE Number Street Monroe WI 53566 City State ZIP Code | Last 4 digits of account number XXXX4570 When was the debt incurred? As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt | \$ 849.35 |

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | Total claim | |
|-------------|---|--|--|
| 4.85 | SIERRA FINANCIAL Nonpriority Creditor's Name 4564 W. SPRING MTN. ROAD Number Street Las Vegas NV 89102 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number Case No. 19A004991 \$385.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection _ PayDay Loan | |
| 4.86 | SOUTHERN GLAXER'S WINE & SPIRITS Nonpriority Creditor's Name 8400 S. JONES BLVD. Number Street Las Vegas NV 89139 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number XXXX0769 \$527.19 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Suppliers and Vendors | |
| 4.87 | SOUTHWEST PLUMBING INC. Nonpriority Creditor's Name 3030 S. VALLEY VIEW BLVD. Number Street Las Vegas NV 89102 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number XXXX8602 \$89.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Suppliers and Vendors | |

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | | Total claim |
|---|----------------------------------|--|-------------|
| 4.88 | STATE FARM FIRE AND CASUALTY CO. | Last 4 digits of account number XXXXV099-0 | \$ 137.33 |
| <p>Nonpriority Creditor's Name P.O. BOX 680001</p> <p>When was the debt incurred? _____</p> <p>Number _____ Street _____</p> <p>Dallas TX 75368-0001</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify INSURANCE PREMIUM</p> | | | |
| 4.89 | STUART LIPPMAN & ASSOCIATES | Last 4 digits of account number XXXX5315 | \$ 348.53 |
| <p>Nonpriority Creditor's Name 5447 E. 5TH STREET</p> <p>When was the debt incurred? _____</p> <p>Number _____ Street _____</p> <p>SUITE 110</p> <p>Tucson AZ 85711-2345</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify COLLECTION - HEALTH PLAN OF NEVADA</p> | | | |
| 4.90 | SWISS COLONY / MONTGOMERY WARD | Last 4 digits of account number 99082XXXX | \$ 734.00 |
| <p>Nonpriority Creditor's Name 1515 SOUTH 21ST STREET</p> <p>When was the debt incurred? _____</p> <p>Number _____ Street _____</p> <p>Clinton IA 52732</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Credit Card Debt</p> | | | |

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | | Total claim |
|---|----------------------|--|-------------|
| 4.91 | TBOM/ATLS/FORTIVA MC | | |
| Nonpriority Creditor's Name | | Last 4 digits of account number | |
| P.O. BOX 105555 | | 542784XXXX | \$ 1,135.00 |
| Number Street | | When was the debt incurred? | |
| Atlanta GA 30348 | | As of the date you file, the claim is: Check all that apply. | |
| City State ZIP Code | | <input type="checkbox"/> Contingent | |
| Who incurred the debt? Check one. | | <input type="checkbox"/> Unliquidated | |
| <input type="checkbox"/> Debtor 1 only | | <input type="checkbox"/> Disputed | |
| <input type="checkbox"/> Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only | | <input type="checkbox"/> Student loans | |
| <input type="checkbox"/> At least one of the debtors and another | | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| <input type="checkbox"/> Check if this claim is for a community debt | | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | | <input checked="" type="checkbox"/> Other. Specify Credit Card Debt | |
| <input checked="" type="checkbox"/> No | | | |
| <input type="checkbox"/> Yes | | | |
| 4.92 | T MOBILE | | |
| Nonpriority Creditor's Name | | Last 4 digits of account number | |
| P.O. BOX 51843 | | XXXX8545 | \$ 537.96 |
| Number Street | | When was the debt incurred? | |
| Los Angeles CA 90051-6143 | | As of the date you file, the claim is: Check all that apply. | |
| City State ZIP Code | | <input type="checkbox"/> Contingent | |
| Who incurred the debt? Check one. | | <input type="checkbox"/> Unliquidated | |
| <input type="checkbox"/> Debtor 1 only | | <input type="checkbox"/> Disputed | |
| <input checked="" type="checkbox"/> Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only | | <input type="checkbox"/> Student loans | |
| <input type="checkbox"/> At least one of the debtors and another | | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| <input type="checkbox"/> Check if this claim is for a community debt | | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | | <input checked="" type="checkbox"/> Other. Specify Telephone / Internet services | |
| <input checked="" type="checkbox"/> No | | | |
| <input type="checkbox"/> Yes | | | |
| 4.93 | U.S. FOODS | | |
| Nonpriority Creditor's Name | | Last 4 digits of account number | |
| 1685 WEST CHEYENNE AVE. | | XXXX4112 | \$ 686.98 |
| Number Street | | When was the debt incurred? | |
| North Las Vegas NV 89032 | | As of the date you file, the claim is: Check all that apply. | |
| City State ZIP Code | | <input type="checkbox"/> Contingent | |
| Who incurred the debt? Check one. | | <input type="checkbox"/> Unliquidated | |
| <input type="checkbox"/> Debtor 1 only | | <input type="checkbox"/> Disputed | |
| <input type="checkbox"/> Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only | | <input type="checkbox"/> Student loans | |
| <input checked="" type="checkbox"/> At least one of the debtors and another | | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| <input type="checkbox"/> Check if this claim is for a community debt | | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | | <input checked="" type="checkbox"/> Other. Specify Suppliers and Vendors | |
| <input checked="" type="checkbox"/> No | | | |
| <input type="checkbox"/> Yes | | | |

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | | Total claim |
|-------------|--|---|-------------|
| 4.94 | VALENTINE & KEBARTAS LLC Nonpriority Creditor's Name P.O. BOX 325 Number Street Lawrence MA 01842 City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number XXXX0000 When was the debt incurred? As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify COLLECTION: LVNV FUNDING LLC | \$2,162.46 |
| 4.95 | VALLE SERRULATA, LLC. Nonpriority Creditor's Name c/o James R. Vaughan, P.C. Number Street 11445 E. VIA LINDA, STE. 2-610 Scottsdale AZ 85259 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number Case No. 19CH00081 When was the debt incurred? As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify COLLECTION - PAYDAY LOAN | \$3,028.21 |
| 4.96 | WEBBANK / FINGERHUT Nonpriority Creditor's Name 6250 RIDGEWOOD ROAD Number Street Saint Cloud MN 56303 City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 636992XXXXX When was the debt incurred? As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt | \$2,137.00 |

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.97 WELLS FARGO BANK**Total claim**

Nonpriority Creditor's Name

P.O. BOX 5110

Number

Street

Sioux Falls

SD

57117-5110

City

State

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another

☐ Check if this claim is for a community debt**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number

\$ Unknown

When was the debt incurred?**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify ANY AND ALL CLAIMS

Last 4 digits of account number

\$

When was the debt incurred?**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☐ Other. Specify

Last 4 digits of account number

\$

When was the debt incurred?**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☐ Other. Specify

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

CREDIT FIRST NA / FIRESTONE

Name

P.O. BOX 81083

Number

Street

Cleveland

OH

44181

City

State

ZIP Code

CREDIT ONE BANK

Name

P.O. BOX 98875

Number

Street

Las Vegas

NV

89193

City

State

ZIP Code

FIRST PREMIER BANK

Name

601 S. MINNESOTA AVE.

Number

Street

Sioux Falls

SD

57104

City

State

ZIP Code

MERRICK BANK CORP.

Name

P.O. BOX 9201

Number

Street

Old Bethpage

NY

11804

City

State

ZIP Code

RESURGENT / LVNV FUNDING

Name

P.O. BOX 1269

Number

Street

Greenville

SC

29602

City

State

ZIP Code

RMCB

Name

RMCB

Number

Street

P.O. BOX 1235

Elmsford

NY

10523-09

City

State

ZIP Code

TASO TECHNOLOGY

Name

ATTN: TERMINAL RETURNS

Number

Street

1169 CANTON ROAD

Marietta

GA

30066

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.32 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number XXXX

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.34 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number XXXX

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.45 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number XXXX

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.65 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number XXXX

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.62 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number XXXX

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.81 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 2811

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.44 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number -000

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

Total claims from Part 1

6a. Domestic support obligations

6a. \$ 0.00

6b. Taxes and certain other debts you owe the government

6b. \$ 11,000.00

6c. Claims for death or personal injury while you were intoxicated

6c. \$ 0.00

6d. Other. Add all other priority unsecured claims. Write that amount here.

6d. + \$ 0.00

6e. Total. Add lines 6a through 6d.

6e. \$ 11,000.00

Total claim**Total claims from Part 2**

6f. Student loans

6f. \$ 0.00

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g. \$ 0.00

6h. Debts to pension or profit-sharing plans, and other similar debts

6h. \$ 0.00

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6i. + \$ 133,867.22

6j. Total. Add lines 6f through 6i.

6j. \$ 133,867.22

Total claim

Fill in this information to identify your case:

Debtor ROBERT O EJERCITO
 First Name Middle Name Last Name

Debtor 2 JEANY G EJERCITO
 (Spouse If filing) First Name Middle Name Last Name

United States Bankruptcy Court for the District of Nevada

Case number _____
 (If known)

☐ Check if this is an amended filing

Official Form 106G**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or company with whom you have the contract or lease | State what the contract or lease is for |
|-----|---|---|
| 2.1 | Name _____ Street _____ City _____ State _____ ZIP Code _____ | |
| 2.2 | Name _____ Street _____ City _____ State _____ ZIP Code _____ | |
| 2.3 | Name _____ Street _____ City _____ State _____ ZIP Code _____ | |
| 2.4 | Name _____ Street _____ City _____ State _____ ZIP Code _____ | |
| 2.5 | Name _____ Street _____ City _____ State _____ ZIP Code _____ | |

Fill in this information to identify your case:

| | | | |
|--|-------------------|-------------|-----------|
| Debtor 1 | ROBERT O EJERCITO | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | JEANY G EJERCITO | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: District of Nevada | | | |
| Case number (If known) | | | |

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

☒ No
☐ Yes

2. **Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☐ No. Go to line 3.
☒ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
☒ No
☐ Yes. In which community state or territory did you live? _____. Fill in the name and current address of that person.

 Name of your spouse, former spouse, or legal equivalent

 Number Street

 City State ZIP Code

3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

 Name

 Street

 City State ZIP Code

☐ Schedule D, line ____
☐ Schedule E/F, line ____
☐ Schedule G, line ____

3.2

 Name

 Street

 City State ZIP Code

☐ Schedule D, line ____
☐ Schedule E/F, line ____
☐ Schedule G, line ____

3.3

 Name

 Street

 City State ZIP Code

☐ Schedule D, line ____
☐ Schedule E/F, line ____
☐ Schedule G, line ____

Fill in this information to identify your case:

Debtor 1 ROBERT O EJERCITO
First Name Middle Name Last Name

Debtor 2 JEANY G EJERCITO
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of Nevada

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

- ☐ Employed
☒ Not employed

Occupation**Employer's name****Employer's address**

Number Street

City State ZIP Code

How long employed there?**Debtor 2 or non-filing spouse**

- ☒ Employed
☐ Not employed

BAKER

ALBERTSON'S GROCERY
STORE

Number Street

LAS VEGAS, NV

City State ZIP Code

1 YEAR

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|---|---------------|-----------------------------------|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. \$ _____ | \$ 1,820.00 |
| 3. Estimate and list monthly overtime pay. | 3. + \$ _____ | + \$ 0.00 |
| 4. Calculate gross income. Add line 2 + line 3. | 4. \$ _____ | \$ 1,820.00 |

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|-----------------|-----------------------------------|
| Copy line 4 here..... → 4. | \$ | \$ 1,820.00 |
| 5. List all payroll deductions: | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. \$ | \$ 254.00 |
| 5b. Mandatory contributions for retirement plans | 5b. \$ | \$ 0.00 |
| 5c. Voluntary contributions for retirement plans | 5c. \$ | \$ 0.00 |
| 5d. Required repayments of retirement fund loans | 5d. \$ | \$ 0.00 |
| 5e. Insurance | 5e. \$ | \$ 0.00 |
| 5f. Domestic support obligations | 5f. \$ | \$ 0.00 |
| 5g. Union dues | 5g. \$ | \$ 0.00 |
| 5h. Other deductions. Specify: _____ | 5h. + \$ | + \$ |
| _____ | \$ | \$ |
| _____ | \$ | \$ |
| _____ | \$ | \$ |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. | 6. \$ | \$ 254.00 |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. \$ | \$ 1,566.00 |
| 8. List all other income regularly received: | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. \$ 0.00 | \$ 0.00 |
| 8b. Interest and dividends | 8b. \$ 0.00 | \$ 0.00 |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. \$ 0.00 | \$ 0.00 |
| 8d. Unemployment compensation | 8d. \$ 0.00 | \$ 0.00 |
| 8e. Social Security | 8e. \$ 677.00 | \$ 987.00 |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____ | 8f. \$ 0.00 | \$ 0.00 |
| 8g. Pension or retirement income | 8g. \$ 0.00 | \$ 0.00 |
| 8h. Other monthly income. Specify: _____ | 8h. + \$ 0.00 | + \$ 0.00 |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. | 9. \$ 677.00 | \$ 987.00 |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ 677.00 + | \$ 2,553.00 = \$ 3,230.00 |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____ | | |
| | 11. + \$ | 0.00 |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies | 12. | \$ 3,230.00 |
| | | Combined monthly income |
| 13. Do you expect an increase or decrease within the year after you file this form? | | |
| <input checked="" type="checkbox"/> No. | | |
| <input type="checkbox"/> Yes. Explain: | | |

Fill in this information to identify your case:

Debtor 1 ROBERT O EJERCITO
 First Name Middle Name Last Name

Debtor 2 JEANY G EJERCITO
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of Nevada
 (State)

Case number _____
 (If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household**1. Is this a joint case?**

- ☐ No. Go to line 2.
- ☒ Yes. **Does Debtor 2 live in a separate household?**
- ☒ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?☒ No☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?☒ No☐ Yes**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 1,272.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

Debtor 1

ROBERT O EJERCITO

First Name

Middle Name

Last Name

Case number (if known)

| | | Your expenses |
|------|--|----------------|
| 5. | Additional mortgage payments for your residence , such as home equity loans | 5. \$ 0.00 |
| 6. | Utilities: | |
| 6a. | Electricity, heat, natural gas | 6a. \$ 140.00 |
| 6b. | Water, sewer, garbage collection | 6b. \$ 0.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ 150.00 |
| 6d. | Other. Specify: _____ | 6d. \$ 0.00 |
| 7. | Food and housekeeping supplies | 7. \$ 850.00 |
| 8. | Childcare and children's education costs | 8. \$ 0.00 |
| 9. | Clothing, laundry, and dry cleaning | 9. \$ 50.00 |
| 10. | Personal care products and services | 10. \$ 100.00 |
| 11. | Medical and dental expenses | 11. \$ 250.00 |
| 12. | Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. \$ 250.00 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ 0.00 |
| 14. | Charitable contributions and religious donations | 14. \$ 0.00 |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | |
| 15a. | Life insurance | 15a. \$ 0.00 |
| 15b. | Health insurance | 15b. \$ 62.00 |
| 15c. | Vehicle insurance | 15c. \$ 267.00 |
| 15d. | Other insurance. Specify: _____ | 15d. \$ 0.00 |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____ | 16. \$ 0.00 |
| 17. | Installment or lease payments: | |
| 17a. | Car payments for Vehicle 1 | 17a. \$ 439.00 |
| 17b. | Car payments for Vehicle 2 | 17b. \$ 0.00 |
| 17c. | Other. Specify: _____ | 17c. \$ 0.00 |
| 17d. | Other. Specify: _____ | 17d. \$ 0.00 |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. \$ 0.00 |
| 19. | Other payments you make to support others who do not live with you. Specify: _____ | 19. \$ 0.00 |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | |
| 20a. | Mortgages on other property | 20a. \$ 0.00 |
| 20b. | Real estate taxes | 20b. \$ 0.00 |
| 20c. | Property, homeowner's, or renter's insurance | 20c. \$ 0.00 |
| 20d. | Maintenance, repair, and upkeep expenses | 20d. \$ 0.00 |
| 20e. | Homeowner's association or condominium dues | 20e. \$ 0.00 |

Debtor 1 ROBERT O EJERCITO
First Name Middle Name Last Name

Case number (if known) _____

21. **Other.** Specify: _____

21. **+\$** 0.00

+\$ _____

+\$ _____

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. \$ 3,830.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.

22b. \$ _____

22c. \$ 3,830.00

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. \$ 3,230.00

23b. Copy your monthly expenses from line 22c above.

23b. **-\$** 3,830.00

23c. Subtract your monthly expenses from your monthly income.
The result is your *monthly net income*.

23c. \$ -600.00

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here:

Fill in this information to identify your case:

Debtor 1 ROBERT O EJERCITO
First Name Middle Name Last Name

Debtor 2 JEANY G EJERCITO
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the District of Nevada

Case number _____
 (If known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ ROBERT O EJERCITO

Signature of Debtor 1

X /s/ JEANY G EJERCITO

Signature of Debtor 2

Date 02/07/2020
MM / DD / YYYY

Date 02/07/2020
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1 ROBERT O EJERCITO
First Name Middle Name Last Name

Debtor 2 JEANY G EJERCITO
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of Nevada

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 107**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before**1. What is your current marital status?**

- ☒ Married
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

| Debtor 1: | Dates Debtor 1 lived there | Debtor 2: | Dates Debtor 2 lived there |
|--|----------------------------|--|--|
| <input type="checkbox"/> Same as Debtor 1 Number _____ Street _____ From _____ To _____ City _____ State _____ ZIP Code _____ | | <input type="checkbox"/> Same as Debtor 1 Number _____ Street _____ From _____ To _____ City _____ State _____ ZIP Code _____ | <input type="checkbox"/> Same as Debtor 1 From _____ To _____ |
| <input type="checkbox"/> Same as Debtor 1 Number _____ Street _____ From _____ To _____ City _____ State _____ ZIP Code _____ | | <input type="checkbox"/> Same as Debtor 1 Number _____ Street _____ From _____ To _____ City _____ State _____ ZIP Code _____ | <input type="checkbox"/> Same as Debtor 1 From _____ To _____ |

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Debtor 1 **ROBERT O EJERCITO**
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☐ No

☒ Yes. Fill in the details.

| | Debtor 1 | | Debtor 2 | |
|---|--|--|--|--|
| | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ 0.00 | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ 816.00 |
| For last calendar year: (January 1 to December 31, <u>2019</u>) YYYY | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ 0.00 | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ 2,067.00 |
| For the calendar year before that: (January 1 to December 31, <u>2018</u>) YYYY | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ 0.00 | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ 17,756.00 |

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☐ No

☒ Yes. Fill in the details.

| | Debtor 1 | | Debtor 2 | |
|---|--------------------------------------|---|--------------------------------------|---|
| | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | SOCIAL SECURITY | \$677.00 | SOCIAL SECURITY | \$ 987.00 |
| | | \$ | | \$ |
| | | \$ | | \$ |
| For last calendar year: (January 1 to December 31, <u>2019</u>) | SOCIAL SECURITY | \$8,124.00 | SOCIAL SECURITY | \$ 11,844.00 |
| | | \$ | | \$ |
| | | \$ | | \$ |
| For the calendar year before that: (January 1 to December 31, <u>2018</u>) | SOCIAL SECURITY | \$8,000.00 | SOCIAL SECURITY | \$ 11,000.00 |
| | | \$ | | \$ |
| | | \$ | | \$ |

Debtor 1

ROBERT O EJERCITO

First Name

Middle Name

Last Name

Case number (if known)

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

- ☐ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☒ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

| | Dates of payment | Total amount paid | Amount you still owe | Was this payment for... |
|---------------------|------------------|-------------------|----------------------|---|
| Creditor's Name | | \$ | \$ | <input type="checkbox"/> Mortgage |
| Number Street | | | | <input type="checkbox"/> Car |
| | | | | <input type="checkbox"/> Credit card |
| | | | | <input type="checkbox"/> Loan repayment |
| City State ZIP Code | | | | <input type="checkbox"/> Suppliers or vendors |
| | | | | <input type="checkbox"/> Other |
| Creditor's Name | | \$ | \$ | <input type="checkbox"/> Mortgage |
| Number Street | | | | <input type="checkbox"/> Car |
| | | | | <input type="checkbox"/> Credit card |
| | | | | <input type="checkbox"/> Loan repayment |
| City State ZIP Code | | | | <input type="checkbox"/> Suppliers or vendors |
| | | | | <input type="checkbox"/> Other |
| Creditor's Name | | \$ | \$ | <input type="checkbox"/> Mortgage |
| Number Street | | | | <input type="checkbox"/> Car |
| | | | | <input type="checkbox"/> Credit card |
| | | | | <input type="checkbox"/> Loan repayment |
| City State ZIP Code | | | | <input type="checkbox"/> Suppliers or vendors |
| | | | | <input type="checkbox"/> Other |

Debtor 1

ROBERT O EJERCITO

First Name

Middle Name

Last Name

Case number (if known)

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No☐ Yes. List all payments to an insider.

| | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|---|------------------|-------------------|----------------------|-------------------------|
| Insider's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____ | _____ | \$ _____ | \$ _____ | |
| Insider's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____ | _____ | \$ _____ | \$ _____ | |

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

☒ No☐ Yes. List all payments that benefited an insider.

| | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
|---|------------------|-------------------|----------------------|--|
| Insider's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____ | _____ | \$ _____ | \$ _____ | |
| Insider's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____ | _____ | \$ _____ | \$ _____ | |

Debtor 1

ROBERT O EJERCITO

First Name Middle Name Last Name

Case number (if known)

Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☐ No☒ Yes. Fill in the details.

| | Nature of the case | Court or agency | Status of the case |
|---|----------------------------|---|---|
| Case title: KOSTER FINANCE LLC vs. JEANY EJERCITO | COLLECTION - PAYDAY LOAN | JUSTICE COURT, LAS VEGAS NEVADA Court Name Number Street City State ZIP Code | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| Case number 19-C035695 | | | |
| Case title: LVNV FUNDING, LLC vs. ROBERT EJERCITO | COLLECTION - MONIES LOANED | JUSTICE COURT, HENDERSON NEVADA Court Name Number Street City State ZIP Code | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| Case number 18CH39 | | | |

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

☐ No. Go to line 11.☒ Yes. Fill in the information below.

| | Describe the property | Date | Value of the property |
|---|--|---------|-----------------------|
| A ADVANCE PAYDAY Creditor's Name | COLLECTION - PAYDAY LOAN | 01/2020 | \$ 573.47 |
| 3985 E. SUNSET ROAD #C Number Street | Explain what happened | | |
| | <input type="checkbox"/> Property was repossessed. | | |
| | <input type="checkbox"/> Property was foreclosed. | | |
| | <input checked="" type="checkbox"/> Property was garnished. | | |
| | <input type="checkbox"/> Property was attached, seized, or levied. | | |
| Las Vegas NV 89120 City State ZIP Code | Describe the property | Date | Value of the property |
| A ADVANCE PAYDAY Creditor's Name | COLLECTION - PAYDAY LOAN | 01/2020 | \$ 573.47 |
| 3985 E. SUNSET ROAD #C Number Street | Explain what happened | | |
| | <input type="checkbox"/> Property was repossessed. | | |
| | <input type="checkbox"/> Property was foreclosed. | | |
| | <input checked="" type="checkbox"/> Property was garnished. | | |
| | <input type="checkbox"/> Property was attached, seized, or levied. | | |
| Las Vegas NV 89120 City State ZIP Code | | | |

Debtor 1

ROBERT O EJERCITO

First Name

Middle Name

Last Name

Case number (if known)

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
☐ Yes. Fill in the details.

| Creditor's Name | | Describe the action the creditor took | Date action was taken | Amount |
|--|--|---------------------------------------|-----------------------|--------|
| Number Street City State ZIP Code | | | | \$ |
| Last 4 digits of account number: XXXX- | | | | |

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
☐ Yes. Fill in the details for each gift.

| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
|--|--------------------|--------------------------|-------|
| Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you | | | \$ |
| | | | \$ |
| Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you | | | \$ |
| | | | \$ |

Debtor 1

ROBERT O EJERCITO

First Name

Middle Name

Last Name

Case number (if known)

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?☒ No☐ Yes. Fill in the details for each gift or contribution.

| Gifts or contributions to charities that total more than \$600 | Describe what you contributed | Date you contributed | Value |
|--|-------------------------------|----------------------|-------|
| Charity's Name | | | \$ |
| | | | \$ |
| Number Street | | | |
| City State ZIP Code | | | |

Part 6: List Certain Losses**15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**☒ No☐ Yes. Fill in the details.

| Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> . | Date of your loss | Value of property lost |
|--|---|-------------------|------------------------|
| | | | \$ |

Part 7: List Certain Payments or Transfers**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No☒ Yes. Fill in the details.

| Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|---|-----------------------------------|-------------------|
| CRICKET DEBT.COM Person Who Was Paid | | \$ 35.00 |
| Number Street | | \$ |
| | | |
| City State ZIP Code | | |
| Email or website address | | |
| Person Who Made the Payment, if Not You | | |

Debtor 1

ROBERT O EJERCITO

First Name

Middle Name

Last Name

Case number (if known)

Person Who Was Paid

Number Street

City State ZIP Code

Email or website address

Person Who Made the Payment, if Not You

Description and value of any property transferred

Date payment or
transfer was madeAmount of
payment

\$

\$

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

☒ No☐ Yes. Fill in the details.

Description and value of any property transferred

Date payment or
transfer was made

Amount of payment

Person Who Was Paid

Number Street

City State ZIP Code

\$

\$

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

☒ No☐ Yes. Fill in the details.Description and value of property
transferredDescribe any property or payments received
or debts paid in exchangeDate transfer
was made

Person Who Received Transfer

Number Street

City State ZIP Code

Person's relationship to you

Person Who Received Transfer

Number Street

City State ZIP Code

Person's relationship to you

Debtor 1 **ROBERT O EJERCITO**
 First Name Middle Name Last Name

Case number (if known) _____

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No
☐ Yes. Fill in the details.

Name of trust

Description and value of the property transferred

Date transfer was made

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☐ No
☒ Yes. Fill in the details.

BANK OF AMERICA (CLOSED)

Name of Financial Institution

Number Street

City State ZIP Code

Last 4 digits of account number

XXXX- _ _ _ _

Type of account or instrument

☒ Checking

☐ Savings

☐ Money market

☐ Brokerage

☐ Other _____

Date account was closed, sold, moved, or transferred

10/2019

Last balance before closing or transfer

\$ 0.00

Name of Financial Institution

Number Street

City State ZIP Code

XXXX- _ _ _ _

☐ Checking

☐ Savings

☐ Money market

☐ Brokerage

☐ Other _____

\$ _____

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

Who else had access to it?

Describe the contents

Do you still have it?

Name of Financial Institution

Number Street

City State ZIP Code

Name

Number Street

City State ZIP Code

- ☐ No
☐ Yes

Debtor 1

ROBERT O EJERCITO

First Name

Middle Name

Last Name

Case number (if known)

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☒ No☐ Yes. Fill in the details.

| Who else has or had access to it? | | Describe the contents | Do you still have it? |
|-----------------------------------|--------------------|-----------------------|---|
| Name of Storage Facility | Name | | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Number Street | Number Street | | |
| | CityState ZIP Code | | |
| City State ZIP Code | | | |

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☒ No☐ Yes. Fill in the details.

| Where is the property? | Describe the property | Value |
|------------------------|-----------------------|-------|
| Owner's Name | | \$ |
| Number Street | | |
| City State ZIP Code | | |
| City State ZIP Code | | |

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

☒ No☐ Yes. Fill in the details.

| Governmental unit | Environmental law, if you know it | Date of notice |
|---------------------|-----------------------------------|----------------|
| Name of site | | |
| Number Street | | |
| City State ZIP Code | | |
| City State ZIP Code | | |

Debtor 1 **ROBERT O EJERCITO**
 First Name Middle Name Last Name

Case number (if known) _____

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

| Governmental unit | Environmental law, if you know it | Date of notice |
|---|--|----------------|
| Name of site _____ Number Street _____ _____ City State ZIP Code _____ | Governmental unit _____ Number Street _____ _____ City State ZIP Code _____ | _____ |

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

| Court or agency | Nature of the case | Status of the case |
|---|--------------------|--|
| Case title _____ Court Name _____ Number Street _____ Case number _____ City State ZIP Code _____ | _____ | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☒ A member of a limited liability company (LLC) or limited liability partnership (LLP)
☐ A partner in a partnership
☐ An officer, director, or managing executive of a corporation
☐ An owner of at least 5% of the voting or equity securities of a corporation

- ☐ No. None of the above applies. Go to Part 12.
☒ Yes. Check all that apply above and fill in the details below for each business.

| | | |
|--|---|--|
| JEANY'S PLACE LLC. Business Name _____ Number Street _____ _____ City State ZIP Code _____ | Describe the nature of the business GROCERY STORE - CLOSED 2017 _____ Name of accountant or bookkeeper _____ Describe the nature of the business _____ Name of accountant or bookkeeper _____ | Employer Identification number Do not include Social Security number or ITIN. EIN: ____ - ____ - ____ - ____ Dates business existed From _____ To 01/01/2017 _____ Employer Identification number Do not include Social Security number or ITIN. EIN: ____ - ____ - ____ - ____ Dates business existed From _____ To _____ |
|--|---|--|

Debtor 1

ROBERT O EJERCITO

First Name Middle Name Last Name

Case number (if known)

Business Name

Number Street

City State ZIP Code

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

EIN: _ _ - _ _ _ _ _

Dates business existed

Name of accountant or bookkeeper

From _ _ _ _ To _ _ _ _

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No☐ Yes. Fill in the details below.

Date issued

Name

MM / DD / YYYY

Number Street

City State ZIP Code

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

✕

/s/ ROBERT O EJERCITO

Signature of Debtor 1

✕

/s/ JEANY G EJERCITO

Signature of Debtor 2

Date 02/07/2020

Date 02/07/2020

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☐ No☒ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Debtor 1

First Name

Middle Name

Last Name

Case number (if known)

Continuation Sheet for Official Form 107

9) Lawsuits

Case Title: VALLE SERRULATA, LLC. vs. ROBERT EJERCITO

Case Number: 19CH000812

Court Name: JUSTICE COURT, HENDERSON NEVADA

Court Address: , ,

Case Status: Pending

Nature of the case: COLLECTION - PAYDAY LOAN

Case Title: ON CALL CASH, LLC vs. JEANY EJERCITO

Case Number: 19A004267

Court Name: JUSTICE COURT, LAS VEGAS NEVADA

Court Address: , ,

Case Status: Pending

Nature of the case: COLLECTION - PAYDAY LOAN

Case Title: SIERRA FINANCIAL vs. JEANY EJERCITO

Case Number: 19A004990

Court Name: JUSTICE COURT, LAS VEGAS NEVADA

Court Address: , ,

Case Status: Pending

Nature of the case: COLLECTION - PAYDAY LOAN

Case Title: CHECK CITY vs. JEANY EJERCITO

Case Number: 19C034471

Court Name: JUSTICE COURT, LAS VEGAS NEVADA

Court Address: , ,

Case Status: Pending

Nature of the case: COLLECTION - PAYDAY LOAN

Case Title: CASH OASIS #2 vs. JEANY EJERCITO

Debtor 1

First Name

Middle Name

Last Name

Case number (if known)

Continuation Sheet for Official Form 107

Case Number: 19A004479

Court Name: JUSTICE COURT, LAS VEGAS NEVADA

Court Address: , ,

Case Status: Pending

Nature of the case: COLLECTION - PAYDAY LOAN

Case Title: A ADVANCE PAYDAY vs. JEANY EJERCITO

Case Number: 19A003371

Court Name: JUSTICE COURT, LAS VEGAS NEVADA

Court Address: , ,

Case Status: Pending

Nature of the case: COLLECTION - PAYDAY LOAN

Fill in this information to identify your case:

Debtor 1 ROBERT O EJERCITO
 First Name Middle Name Last Name

Debtor 2 JEANY G EJERCITO
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the District of Nevada

Case number _____
 (If known)

☐ Check if this is an amended filing
Official Form 108**Statement of Intention for Individuals Filing Under Chapter 7**

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information.

Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|--|--|--|
| Creditor's name: FLAGSHIP CREDIT ACCEPTANCE Description of property securing debt: 2016 NISSAN ALTIMA | <input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input checked="" type="checkbox"/> Retain the property and [explain]: RETAIN AND PAY - NOT REAFFIRMED | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| Creditor's name: _____ Description of property securing debt: _____ | <input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Creditor's name: _____ Description of property securing debt: _____ | <input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Creditor's name: _____ Description of property securing debt: _____ | <input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Debtor

ROBERT O EJERCITO & JEANY G EJERCITO

Case number (If known)

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases**Will the lease be assumed?**

Lessor's name:

☐ No☐ Yes

Description of leased property:

Lessor's name:

☐ No☐ Yes

Description of leased property:

Lessor's name:

☐ No☐ Yes

Description of leased property:

Lessor's name:

☐ No☐ Yes

Description of leased property:

Lessor's name:

☐ No☐ Yes

Description of leased property:

Lessor's name:

☐ No☐ Yes

Description of leased property:

Lessor's name:

☐ No☐ Yes

Description of leased property:

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ ROBERT O EJERCITO

Signature of Debtor 1

Date 02/07/2020

MM / DD / YYYY

X /s/ JEANY G EJERCITO

Signature of Debtor 2

Date 02/07/2020

MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1 **ROBERT O EJERCITO**
First Name Middle Name Last Name

Debtor 2 **JEANY G EJERCITO**
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of Nevada

Case number _____
(If known)

Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse.
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

12/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- ☐ **Not married.** Fill out Column A, lines 2-11.
- ☒ **Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.
- ☐ **Married and your spouse is NOT filing with you. You and your spouse are:**
- ☐ **Living in the same household and are not legally separated.** Fill out both Columns A and B, lines 2-11.
- ☐ **Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | | | | | | | | | | | | | | | | |
|--|---|--|----------|--|--------|---|----------|---|--------|---|----------|----------|--|--------|---|----------|---|--------|
| 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). | \$0.00 | \$1,820.00 | | | | | | | | | | | | | | | | |
| 3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. | \$0.00 | \$0.00 | | | | | | | | | | | | | | | | |
| 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. | \$0.00 | \$0.00 | | | | | | | | | | | | | | | | |
| 5. Net income from operating a business, profession, or farm | <table><tr><th>Debtor 1</th><th>Debtor 2</th></tr><tr><td>Gross receipts (before all deductions)</td><td>\$0.00</td></tr><tr><td>Ordinary and necessary operating expenses</td><td>— \$0.00</td></tr><tr><td>Net monthly income from a business, profession, or farm</td><td>\$0.00</td></tr></table> | Debtor 1 | Debtor 2 | Gross receipts (before all deductions) | \$0.00 | Ordinary and necessary operating expenses | — \$0.00 | Net monthly income from a business, profession, or farm | \$0.00 | <table><tr><th>Debtor 1</th><th>Debtor 2</th></tr><tr><td>Gross receipts (before all deductions)</td><td>\$0.00</td></tr><tr><td>Ordinary and necessary operating expenses</td><td>— \$0.00</td></tr><tr><td>Net monthly income from a business, profession, or farm</td><td>\$0.00</td></tr></table> | Debtor 1 | Debtor 2 | Gross receipts (before all deductions) | \$0.00 | Ordinary and necessary operating expenses | — \$0.00 | Net monthly income from a business, profession, or farm | \$0.00 |
| Debtor 1 | Debtor 2 | | | | | | | | | | | | | | | | | |
| Gross receipts (before all deductions) | \$0.00 | | | | | | | | | | | | | | | | | |
| Ordinary and necessary operating expenses | — \$0.00 | | | | | | | | | | | | | | | | | |
| Net monthly income from a business, profession, or farm | \$0.00 | | | | | | | | | | | | | | | | | |
| Debtor 1 | Debtor 2 | | | | | | | | | | | | | | | | | |
| Gross receipts (before all deductions) | \$0.00 | | | | | | | | | | | | | | | | | |
| Ordinary and necessary operating expenses | — \$0.00 | | | | | | | | | | | | | | | | | |
| Net monthly income from a business, profession, or farm | \$0.00 | | | | | | | | | | | | | | | | | |
| 6. Net income from rental and other real property | <table><tr><th>Debtor 1</th><th>Debtor 2</th></tr><tr><td>Gross receipts (before all deductions)</td><td>\$0.00</td></tr><tr><td>Ordinary and necessary operating expenses</td><td>— \$0.00</td></tr><tr><td>Net monthly income from rental or other real property</td><td>\$0.00</td></tr></table> | Debtor 1 | Debtor 2 | Gross receipts (before all deductions) | \$0.00 | Ordinary and necessary operating expenses | — \$0.00 | Net monthly income from rental or other real property | \$0.00 | <table><tr><th>Debtor 1</th><th>Debtor 2</th></tr><tr><td>Gross receipts (before all deductions)</td><td>\$0.00</td></tr><tr><td>Ordinary and necessary operating expenses</td><td>— \$0.00</td></tr><tr><td>Net monthly income from rental or other real property</td><td>\$0.00</td></tr></table> | Debtor 1 | Debtor 2 | Gross receipts (before all deductions) | \$0.00 | Ordinary and necessary operating expenses | — \$0.00 | Net monthly income from rental or other real property | \$0.00 |
| Debtor 1 | Debtor 2 | | | | | | | | | | | | | | | | | |
| Gross receipts (before all deductions) | \$0.00 | | | | | | | | | | | | | | | | | |
| Ordinary and necessary operating expenses | — \$0.00 | | | | | | | | | | | | | | | | | |
| Net monthly income from rental or other real property | \$0.00 | | | | | | | | | | | | | | | | | |
| Debtor 1 | Debtor 2 | | | | | | | | | | | | | | | | | |
| Gross receipts (before all deductions) | \$0.00 | | | | | | | | | | | | | | | | | |
| Ordinary and necessary operating expenses | — \$0.00 | | | | | | | | | | | | | | | | | |
| Net monthly income from rental or other real property | \$0.00 | | | | | | | | | | | | | | | | | |
| 7. Interest, dividends, and royalties | \$0.00 | \$0.00 | | | | | | | | | | | | | | | | |

Debtor 1

ROBERT O EJERCITO

First Name Middle Name Last Name

Case number (if known)

Column A
Debtor 1Column B
Debtor 2 or
non-filing spouse

8. Unemployment compensation

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: \downarrow

For you \$ 677.00

For your spouse \$ 987.00

\$ 0.00

\$ 0.00

9. **Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

\$ 0.00

\$ 0.00

10. **Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

\$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

+ \$ 0.00

+ \$ 0.00

Total amounts from separate pages, if any.

11. **Calculate your total current monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ 0.00

+

\$ 1,820.00

=

\$ 1,820.00

Total current
monthly income**Part 2: Determine Whether the Means Test Applies to You**

12. **Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11. Copy line 11 here \rightarrow

\$ 1,820.00

Multiply by 12 (the number of months in a year).

x 12

12b. The result is your annual income for this part of the form.

12b.

\$ 21,840.00

13. **Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

NV

Fill in the number of people in your household.

2

Fill in the median family income for your state and size of household. 13.

\$ 64,586.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. **How do the lines compare?**

14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3. Do NOT fill out or file Official Form 122A-2.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

Debtor 1

ROBERT O EJERCITO

First Name Middle Name Last Name

Case number (if known)

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ ROBERT O EJERCITO

Signature of Debtor 1

Date 02/07/2020

MM / DD / YYYY

X /s/ JEANY G EJERCITO

Signature of Debtor 2

Date 02/07/2020

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

A ADVANCE PAYDAY
3985 E. SUNSET ROAD #C
LAS VEGAS, NV 89120

ADVANCE AMERICA
3073 W. CRAIG RD., STE. 8
NORTH LAS VEGAS, NV 89032

ALLTRAN FINANCIAL LP
P.O. BOX 610
SAUK RAPIDS, MN 56379

ARS NATIONAL SERVICES
P.O. BOX 469046
ESCONDIDO, CA 92046-9046

ASIAN COMMODITIES COMPANY
3410 N. SAN FERNANDO ROAD
SUITE 1
LOS ANGELES, CA 90065

AUTONATION TOYOTA LAS VEGAS
6300 W. SAHARA AVE.
LAS VEGAS, NV 89146

BELMONT FINANCE LLC
1990 GODFREY DRIVE
SUITE 101
WAUPACA, WI 54981

BONANZA BEVERAGE
P.O. BOX 96838
LAS VEGAS, NV 89193-6838

CAINE & WEINER
P.O. BOX 5010
WOODLAND HILLS, CA 91365-5010

CAPITAL MANAGMENT SERVICES
698 1/2 SOUTH OGDEN STREET
BUFFALO, NY 14206-2317

CAPITAL ONE BANK
P.O. BOX 60599
CITY OF INDUSTRY, CA 91716-0599

CAPITAL ONE BANK
P.O. BOX 30285
SALT LAKE CITY, UT 84130

CARSON SMITHFIELD LLC
P.O. BOX 9216
OLD BETHPAGE, NY 11804

CASH 1
725 EAST COVEY LANE
SUITE 150
PHOENIX, AZ 85024

CASH COW
8170 S EASTERN AVE #5
LAS VEGAS, NV 89123

CASH FACTORY
101 CONVENTION CENTER DR. #700
LAS VEGAS, NV 89109

CASH OASIS #2
3870 E. FLAMINGO ROAD
SUITE A-14
LAS VEGAS, NV 89121

CASH OASIS #2

CASHLAND
10417 N. MAY AVE.
OKLAHOMA CITY, OK 73120

CENTRAL CREDIT SERVICES LLC
9550 REGENCY SQUIRE BLVD. #500A
JACKSONVILLE, FL 32225

CENTURYLINK
P.O. BOX 4300
CAROL STREAM, IL 60197-4300

CHECK CITY

CHECK CITY PARTNERSHIP
C/O SEAN HILLIN, P.C.
1800 E. SAHARA AVE. STE 102
LAS VEGAS, NV 89104

COCA-COLA REFRESHMENTS
521 LAKE KATHY DRIVE
BRANDON, FL 33510-3945

COMET LOANS
TONTON APACHE RESERVATION #30
PAYSON, AZ 85541

CONVERGENT OUTSOURCING
800 SW 39TH
P.O. BOX 9004
RENTON, WA 98057

CONVERGENT OUTSOURCING
800 SW 39TH STREET
SUITE 100 / P.O. BOX 9004
RENTON, WA 98057

COX BUSINESS
P.O. BOX 53262
PHOENIX, AZ 85072-3262

COX COMMUNICATIONS
P.O. BOX 79175
PHOENIX, AZ 85062-9175

CREDENCE RESOURCE MANAGEMENT
P.O. BOX 2147
SOUTHGATE, MI 48195-4147

CREDENCE RESOURCE MANAGEMENT
17000 DALLAS PARKWAY
SUITE 204
DALLAS, TX 75248

CREDIT CONTROL LLC
5757 PHANTOM DRIVE
SUITE 330
HAZELWOOD, MO 63042

CREDIT FIRST N.A.
DBA TIRE WORKS TOTAL CAR CARE
P.O. BOX 81344
CLEVELAND, OH 44188-0344

CREDIT FIRST NA / FIRESTONE
P.O. BOX 81083
CLEVELAND, OH 44181

CREDIT MANAGEMENT
6080 TENNYSON PARKWAY
SUITE 100
PLANO, TX 75024

CREDIT ONE BANK
6801 S CIMARRON RD
LAS VEGAS, NV 89113

CREDIT ONE BANK
P.O. BOX 98875
LAS VEGAS, NV 89193

CREST FINANCIAL
61 WEST 13490 SOUTH
DRAPER, UT 84020

DIRECT TV
P.O. BOX 6550
GREENWOOD VILLAGE, CO 80155

ELAVON
7300 CHAPMAN HIGHWAY
KNOXVILLE, TN 37920-6612

EXPRESS MERCHANT PROCESSING SOLUTIONS
14141 SW FREEWAY
SUGAR LAND, TX 77478

FARMERS INSURANCE
P.O. BOX 894883
LOS ANGELES, CA 90189

FARMERS INSURANCE EXCHANGE
P.O. BOX 4665
CAROL STREAM, IL 60197-4665

FBGS
330 S. WARMINSTER ROAD
SUITE 535
HATBORO, PA 19040

FINGERHUT ACCOUNT SERV.
P.O. BOX 166
NEWARK, NJ 07101-0166

FIRST DATA GLOBAL LEASING
FIRST DATA MERCHANT SERVICES
P.O. BOX 407092
FORT LAUDERDALE, FL 33340

FIRST DATA GLOBAL LEASING
P.O. BOX 173845
DENVER, CO 80217

FIRST PREMIER BANK
P.O. BOX 5524
SIOUX FALLS, SD 57117-5524

FIRST PREMIER BANK
601 S. MINNESOTA AVE.
SIOUX FALLS, SD 57104

FLAGSHIP CREDIT ACCEPTANCE
P.O. BOX 3807
COPPELL, TX 75019

GLOBAL CREDIT COLLECTION
P.O. BOX 129
LINDEN, MI 48451-0129

HALSTED FINANCIAL SERVICES LLC.
P.O. BOX 828
SKOKIE, IL 60076

HUNTER WARFIELD
P.O. BOX 1022
WIXOM, MI 48393-1022

HUNTER WARFIELD
4620 WOODLAND CORPORATE BLVD.
TAMPA, FL 33614

INTERNAL REVENUE SERVICE
CENTRALIZED INSOLVENCY OPERATION
POST OFFICE BOX 7346
PHILADELPHIA, PA 19101-7346

JEFFERSON CAPITAL SYSTEMS LLC
16 MCLELAND ROAD
SAINT CLOUD, MN 56303

JPMCB AUTO
P.O. BOX 901003
FORT WORTH, TX 76101

KOSTER FINANCE LLC
C/O PETER K CLEARY
4310 S. CAMERON STREET #9
LAS VEGAS, NV 89103

KOSTER FINANCE LLC

KOSTERS CASH LOANS
4310 S. CAMERON ST.
SUITE 9
LAS VEGAS, NV 89103

LADCO LEASING
7300 CHAPMAN HIGHWAY
KNOXVILLE, TN 37920

LAS VEGAS WHOLESALE
3899 RENATE DRIVE
LAS VEGAS, NV 89103

LINEBARGER GOGGAN BLAIR & SAMPSON
900 ARION PARKWAY
SUITE 104
SAN ANTONIO, TX 78216

LVNV FUNDING LLC.
C/O JOSEPH A. GELLER, ESQ.
415 S. SIXTH STREET #200K
LAS VEGAS, NV 89101

LVNV FUNDING, LLC

MADISON TRUST GROUP
P.O. BOX 203
BATESLAND, SD 57716

MARYLAND DEPT OF TRANSPORTATION
7201 CORPORATE CENTER DRIVE
HANOVER, MD 21076

MERRICK BANK
P.O. BOX 660702
DALLAS, TX 75266-0702

MERRICK BANK CORP.
P.O. BOX 9201
OLD BETHPAGE, NY 11804

MONTGOMERY WARD
1112 7TH AVE.
MONROE, WI 53566

MONTROE AND MAIN
1112 7TH AVE.
MONROE, WI 53566-1364

MORGAN & ASSOCIATES
2601 N.W. EXPRESSWAY
SUITE 205 EAST
OKLAHOMA CITY, OK 73112-7229

NEVADA BEVERAGE
FILE 50950
LOS ANGELES, CA 90074-0950

NEVADA SECRETARY OF STATE
2250 LAS VEGAS BOULEVARD NORTH
SUITE 400
NORTH LAS VEGAS, NV 89030

NORTHLAND GROUP
P.O. BOX 390846
MINNEAPOLIS, MN 55439

NORTHSTAR LOCATION SERVICES
4285 GENESEE STREET
BUFFALO, NY 14225

ON CALL CASH
7626 WESTCLIFF DR
LAS VEGAS, NV 89145

ON CALL CASH LLC

ON CALL CASH, LLC.
467 E. SILVERADO RANCH BLVD.
SUITE 110

PHILIPPINE FOOD TRADE CORP.
P.O. BOX 911307
LOS ANGELES, CA 90091-1236

PHILLIPS & COHEN
MAIL STOP 147
1002 JUSTISON STREET
WILMINGTON, DE 19801

PORTFOLIO RECOVERY ASSOC.
120 CORPORATE BLVD.
NORFOLK, VA 23502

PREMIER BANKCARD / FIRST PREMIER
601 S. MINNESOTA AVE.
SIOUX FALLS, SD 57104

RESURGENT / LVNV FUNDING
P.O. BOX 1269
GREENVILLE, SC 29602

RETRIEVAL MASTERS CREDITORS BUREAU
4 WESTCHESTER PLAZA
SUITE 110
ELMSFORD, NY 10523

RMCB
RMCB
P.O. BOX 1235
ELMSFORD, NY 10523-0935

SEQUIUM ASSET SOLUTIONS, LLC
1130 NORTHCHASE PARKWAY
SUITE 150
MARIETTA, GA 30067

SEVENTH AVENUE
1112 7TH AVENUE
MONROE, WI 53566

SIERRA FINANCIAL
4564 W. SPRING MTN. ROAD
LAS VEGAS, NV 89102

SIERRA FINANCIAL

SOUTHERN GLAXER'S WINE & SPIRITS
8400 S. JONES BLVD.
LAS VEGAS, NV 89139

SOUTHWEST PLUMBING INC.
3030 S. VALLEY VIEW BLVD.
LAS VEGAS, NV 89102

STATE FARM FIRE AND CASUALTY CO.
P.O. BOX 680001
DALLAS, TX 75368-0001

STUART LIPPMAN & ASSOCIATES
5447 E. 5TH STREET
SUITE 110
TUCSON, AZ 85711-2345

SWISS COLONY / MONTGOMERY WARD
1515 SOUTH 21ST STREET
CLINTON, IA 52732

T MOBILE
P.O. BOX 51843
LOS ANGELES, CA 90051-6143

TASO TECHNOLOGY
ATTN: TERMINAL RETURNS
1169 CANTON ROAD
MARIETTA, GA 30066

TBOM/ATLS/FORTIVA MC
P.O. BOX 105555
ATLANTA, GA 30348

U.S. FOODS
1685 WEST CHEYENNE AVE.
NORTH LAS VEGAS, NV 89032

VALENTINE & KEBARTAS LLC
P.O. BOX 325
LAWRENCE, MA 01842

VALLE SERRULATA LLC

VALLE SERRULATA, LLC.
C/O JAMES R. VAUGHAN, P.C.
11445 E. VIA LINDA, STE. 2-610
SCOTTSDALE, AZ 85259

WEBBANK / FINGERHUT
6250 RIDGEWOOD ROAD
SAINT CLOUD, MN 56303

WELLS FARGO BANK
P.O. BOX 5110
SIOUX FALLS, SD 57117-5110

MARK PATTERSON, 4022
8275 S. EASTERN AVE. Suite 200, Las Vegas, NV 89123
Tel: (702)239-6424
mpatterson@pattersonassociateslaw.com

1 Name, Address, Telephone No., Bar Number, Fax No. & E-mail address

2

3

4

UNITED STATES BANKRUPTCY COURT

5

DISTRICT OF NEVADA

6

7

In re: (*Name of Debtor*)
ROBERT O EJERCITO & JEANY G EJERCITO

BK-

8

Chapter: 7

9

VERIFICATION OF CREDITOR MATRIX

10

Debtor(s)

11

12 The above named Debtor hereby verifies that the attached list of creditors is true and correct to
13 to the best of his/her knowledge.

14

15

Date 02/07/2020

Signature /s/ ROBERT O EJERCITO

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17

18

Date 02/07/2020

Signature /s/ JEANY G EJERCITO

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Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

- **You are an individual filing for bankruptcy, and**
- **Your debts are primarily consumer debts.**
Consumer debts are defined in 11 U.S.C. § 101(8) as “incurred by an individual primarily for a personal, family, or household purpose.”

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 — Liquidation
- Chapter 11 — Reorganization
- Chapter 12 — Voluntary repayment plan for family farmers or fishermen
- Chapter 13 — Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

| | | |
|---|-------|--------------------|
| | \$245 | filing fee |
| | \$75 | administrative fee |
| + | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

| | | |
|---|---------|--------------------|
| | \$1,167 | filing fee |
| + | \$550 | administrative fee |
| | \$1,717 | total fee |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | | |
|---|-------|--------------------|
| | \$200 | filing fee |
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | | |
|---|-------|--------------------|
| | \$235 | filing fee |
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court

District of Nevada

In re ROBERT O EJERCITO & JEANY G EJERCITO

Case No. _____

Debtor

Chapter ⁷ _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

☒ FLAT FEE

For legal services, I have agreed to accept \$ 1,295.00
 Prior to the filing of this statement I have received. \$ 1,295.00
 Balance Due. \$ 0.00

☐ RETAINER

For legal services, I have agreed to accept a retainer of \$ _____
 The undersigned shall bill against the retainer at an hourly rate of \$ _____
 [Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the Agreement, together with a list of the names of the people sharing the compensation is attached.

5. In return of the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

02/07/2020

/s/ MARK PATTERSON, 4022

Date

Signature of Attorney

PATTERSON & ASSOCIATES, LTD

Name of law firm
8275 S. EASTERN AVE.
Suite 200
Las Vegas, NV 89123
(702)239-6424
mpatterson@pattersonassociateslaw.com